THE SATURDAY EVENING POST

Fo . D. 1728 by Benjamin Franklin

March/April '96

Billy Graham's Global Crusade

The Changing Role of Religion in America

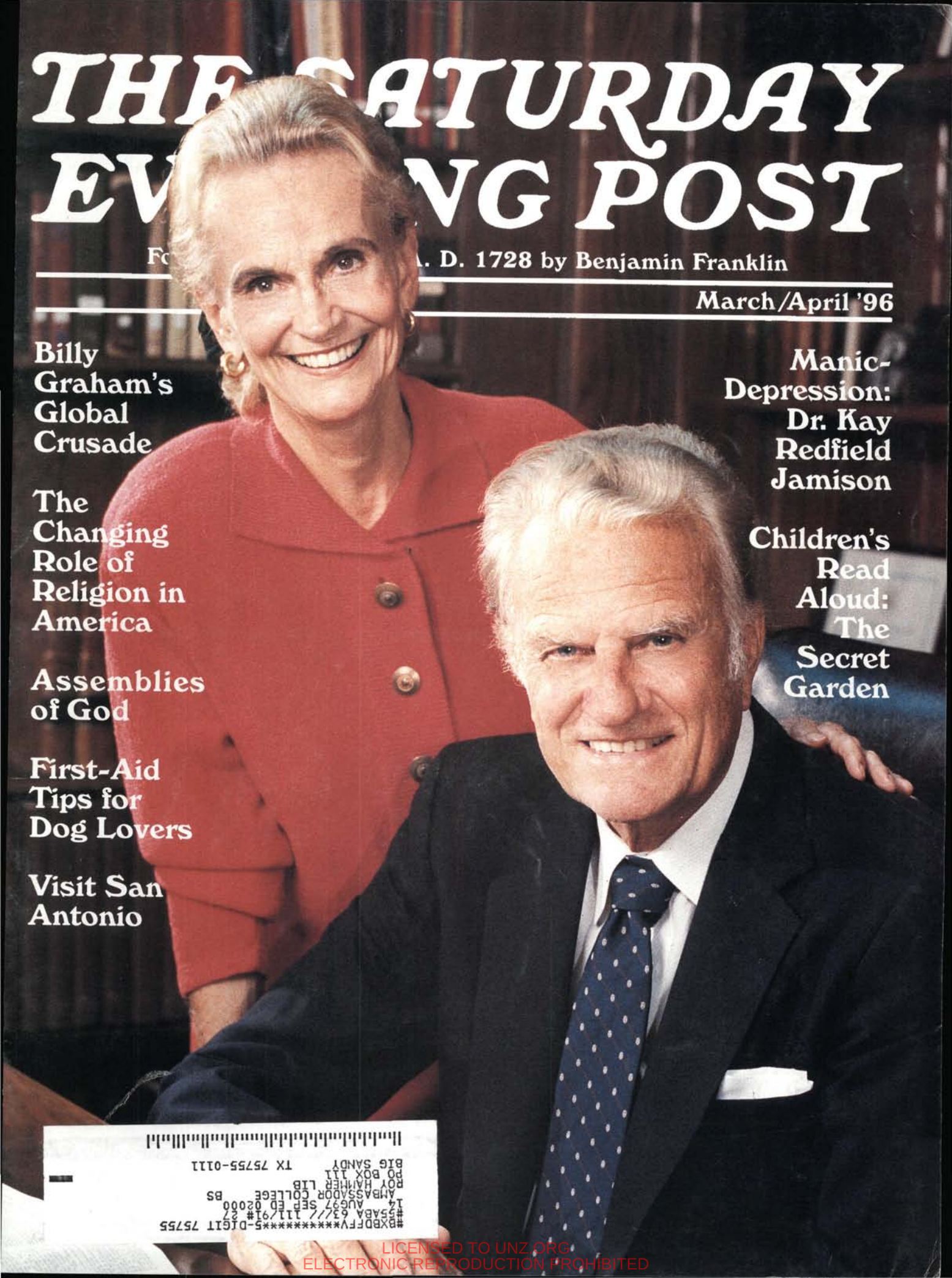
Assemblies of God

First-Aid Tips for Dog Lovers

Visit San Antonio

Manic-Depression: Dr. Kay Redfield Jamison

Children's Read Aloud: The Secret Garden



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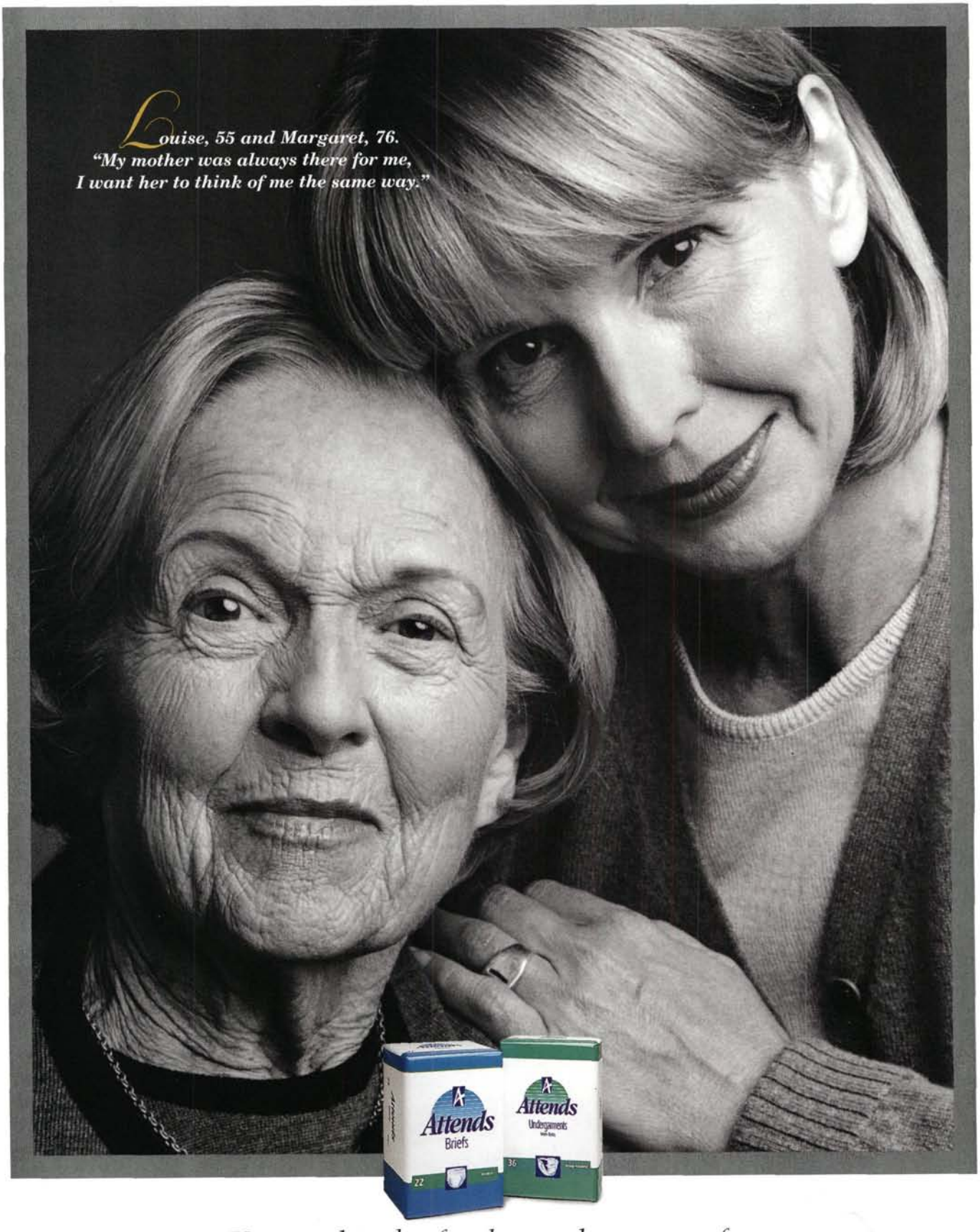

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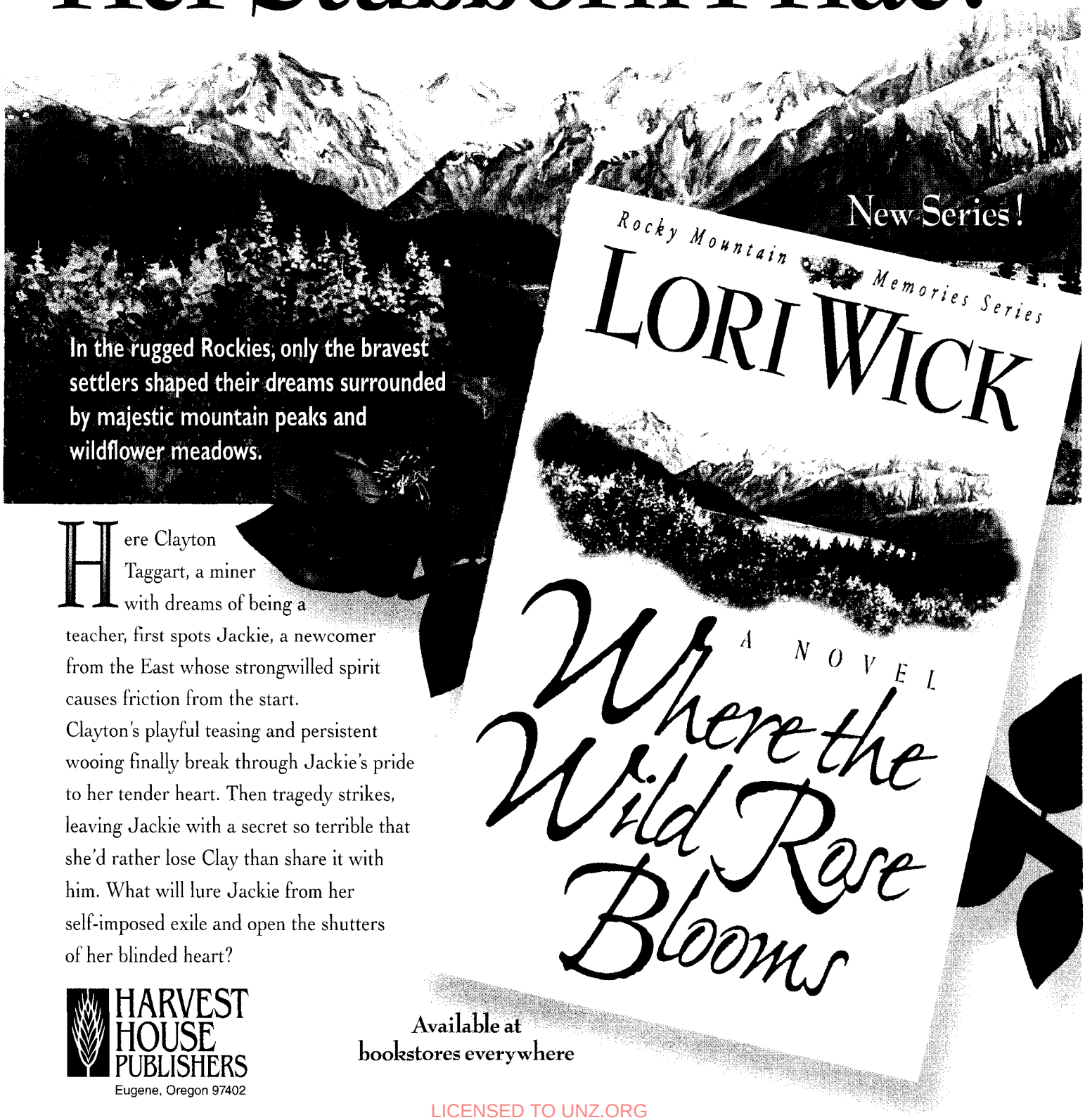

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(Cover photograph by Russell Busby)

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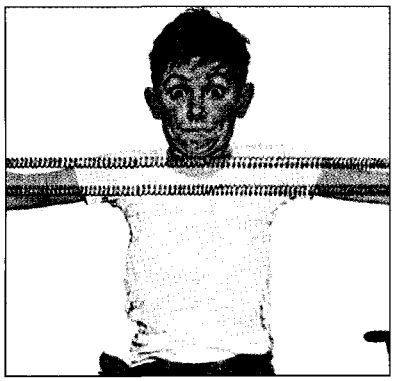

Can Exercise Boost Intelligence?—Scientists are looking into the links between physical activity and brain power. 16

Simple First-Aid Tips—could save your pet's life in an emergency. 26

Letters

Some *Post* "Boys" Were Girls!

Regarding the letter from Philip E. Whiting of Santa Monica, California, in your Nov./Dec. '95 issue: I want both your magazine and Mr. Whiting to know that it wasn't only "boys" that sold your magazine in the 1920s and 1930s, but also "girls."

I was ten years old in 1933 when I sold the large copies of *The Saturday Evening Post* and the old *Liberty* magazines on the streets of Seattle. I carried a canvas bag over my shoulder as I hawked the magazines. I also knocked on doors of apartments and retrieved the magazines that had been read, and I resold them to used book and magazine stores.

Just as an aside, when I crossed the street one day in what is the Belltown district of Seattle, a truck stopped near me and threw a bundle of newspapers onto the sidewalk right in front of me. I was amazed. I undid the bundle and sold those, too.

Jean J. Tvrdy
Sequim, Washington

Children True Casualties of Divorce

I noticed the article in your Sept./Oct. '95 issue concerning the casualties of divorce. Having been recently divorced myself, following a bitter custody fight which I won, I am always interested in reading about divorce. James Buck made some very good comments, but surprisingly, considering that the title of the article is "The Casualties of Divorce," he did not go into what I consider perhaps the most important issue, namely the children. Truly, they are the victims of divorce, and I have known personally of far too many divorces in which the children were used as weapons.

I would hope to this list of recommendations to anyone going through a divorce that Mr. Buck would enthusiastically add the rule never to seek to obtain revenge by turning the children against one of the spouses, no matter how reprehensible that spouse may seem to you. I have custody of two small children, ages four and seven, but the children are taught to obey, love, and respect their mother at all times. Should I choose to do otherwise and harm their mother's reputation with these children, then their respect

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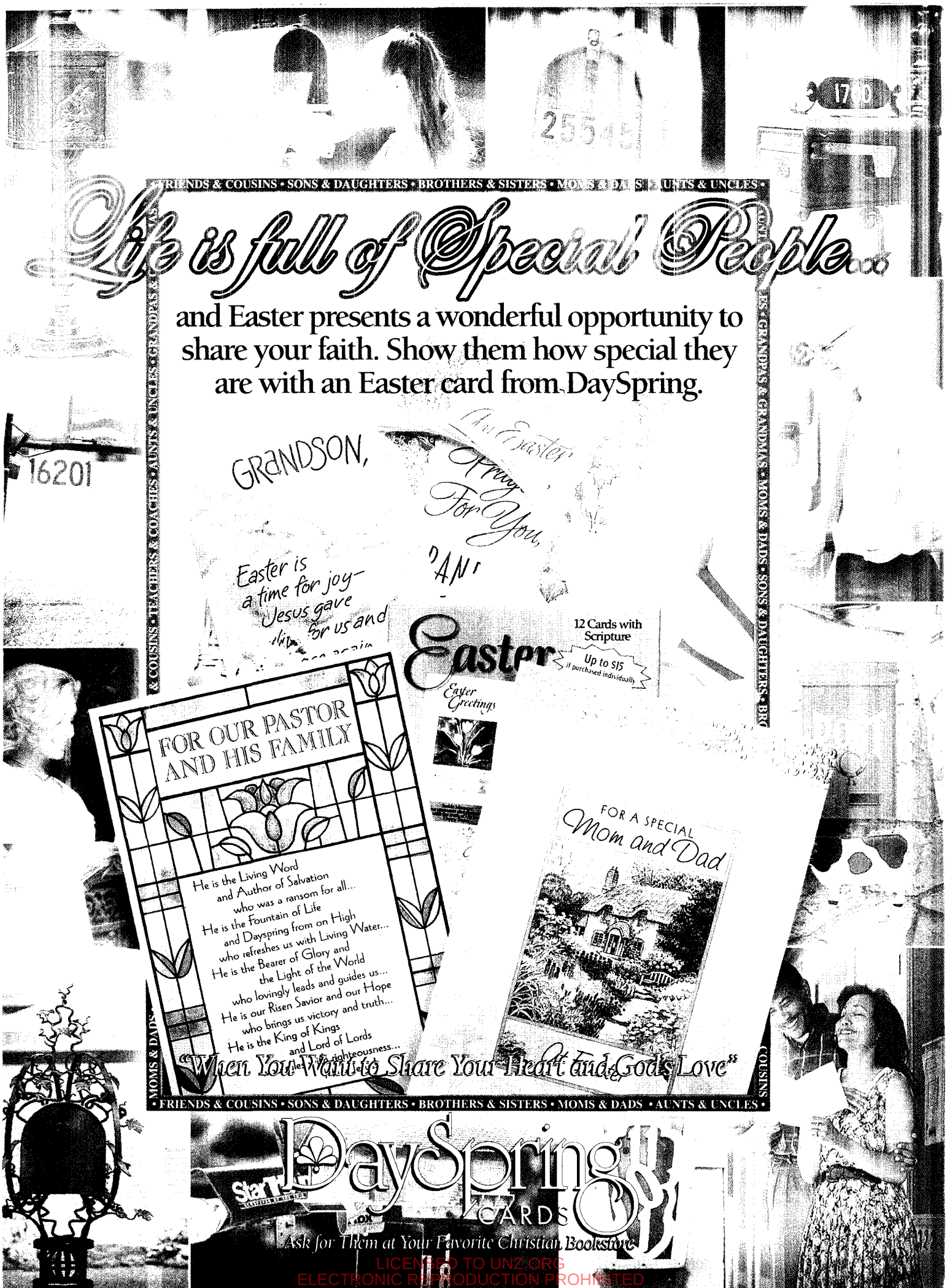
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for authority would diminish, they would be confused in their ability to honor their parents, and I would be raising rebellious children in a few years.

Anyone going through a bitter divorce must place consideration of their children above their desire for revenge.

Wiley K. Livingston, Jr., M.D.
Bessemer, Alabama

Healing Herb for Hepatitis C

I just received the Jan./Feb. '96 edition of *The Saturday Evening Post* and would like to comment on the article about Naomi Judd.

I, too, have chronic hepatitis C. I, too, took interferon and had the same side effects as she did. I found out I had the disease in October 1994 and took interferon till February '95. At that time I went off the shots, and in April I started taking a natural herb called thisilyn, or milk thistle. I took that for three months and went back to the doctor for a checkup; the doctor asked me if I was taking something. I had taken the herb book I had received from a friend. He read what it is supposed to do and told me to keep on taking it and to see him in a *year to a year and a half for my next visit to his office.* (I had been seeing him about every three months. I had lost about ten pounds and was getting weak.)

Now after taking milk thistle, I have gained my weight back and feel very strong.

I am a 73-year-old man and am 5'3" tall, 155 pounds. I know what this herb has done for me. I got my hepatitis from blood when I had an operation in 1977.

Richard J. Bullock
Bowmansville, Pennsylvania

Editor's note: In Europe, milk thistle is approved for the treatment of hepatitis and cirrhosis. Research conducted in Europe has demonstrated its ability to reverse and protect the liver from viral, alcohol, and drug-induced damage. Although available over-the-counter in the United States, milk thistle is a drug and should be taken under a physician's care.

Concerned for Artificial Sweetener Users

I read "Brain Tumors on the Rise" in the Jan./Feb. '96 issue with a great deal of interest. I am currently reading the book *Sweet'ner Dearest* by H. J. Roberts, M.D., and my six-year-old grandson has diabetes.

I quote from the above book:

"Are the earlier animal studies indicating a high incidence of brain tumors in aspartame-fed rats that were ignored by an FDA Commissioner now coming home to roost in view of the dramatic rise of human brain cancer following the availability of aspartame products?

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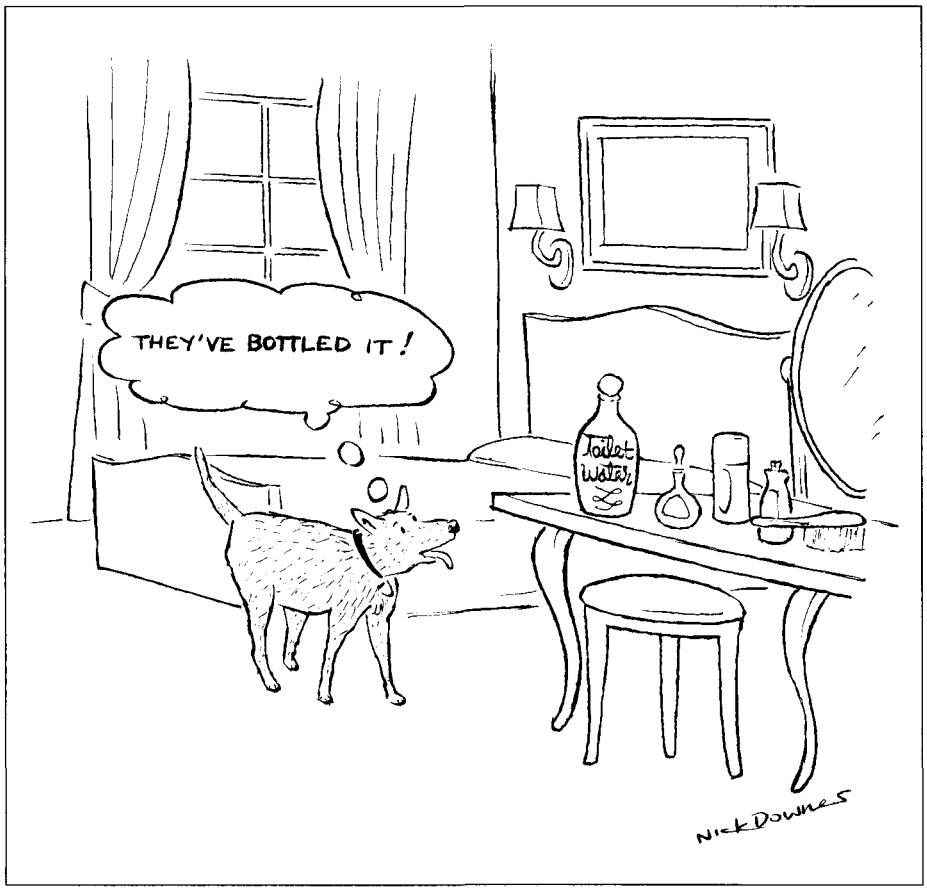
When I see so many young people consuming so many artificially sweetened products, I am concerned for their health. I believe there are many young and not-so-young people out there whose main fluid intake consists of "diet" drinks.

I enjoy your magazine and remember when it was published weekly. I remember in grammar school cutting



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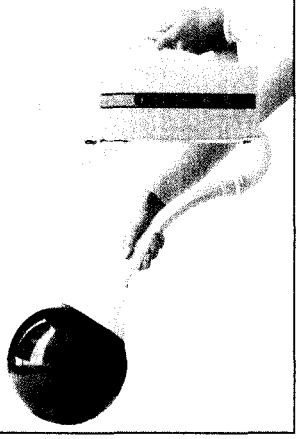

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out cartoons from your magazine which my classmates and I glued into "joke books" for servicemen overseas during World War II.

Virginia H. DuBose
Albion, California

Brain-Tumor Questions

As a registered nurse, I have been interested in the correlation between the rise in brain tumors and the use of cellular phones.

An important person in the Bush campaign died of a brain tumor, and the question was asked, "Was his almost constant use of a cellular phone responsible?"

Now, more and more health professionals are asking the same question.

Have any studies been done on the brain-tumor patients to determine a connection with their use of a cellular phone with an antenna attached?

Zelda C. Wilson, R.N.
Mableton, Georgia

Editor's note: The National Cancer Institute (NCI) has included cellular phone use in its comprehensive study of brain-tumor risks. As you mention, public concern has surfaced over the possibility that sources of electromagnetic fields, including hand-held cellular telephones, may cause brain cancer. The NCI study is examining the type of phones used, as well as the duration and frequency of use. Researchers will differentiate between cordless phones, commonly used in homes, and cellular phones, which operate at a higher frequency (800 to 900 mHz) and power. NCI researchers are also looking at family histories of cancer, medical and dental exposures to ionizing radiation, reproductive histories, and exposure to viruses. A report of the findings should be available in 1997.

One Reader's Refuge

I, the undersigned, am one of your grateful subscribers, who thanks your publication—*The Saturday Evening Post*—for letting "the fresh air of life-as-it-should-be" in, for being a refuge from daily unpleasantries, for having advertisements presented in a commendable way (no suggestive poses or nudity), and for serving me as "a medical remedy" in calming me in the evening when I finally am free to enjoy your magazine!

For all of the above, I thank you many times! Keep up the wonderful work you are doing! It seems to me that your magazine is the only remaining one that can be shared by all the family, with the exception of *Readers Digest* also.

P.S.: I deeply love Norman Rockwell's art and, therefore, am gratified that he was affiliated with you for many years! Am always eagerly on the lookout for his illustrations, although I do possess a full compilation of his works.

Lydia Skidan
New York, New York

"Most of our behavior is learned on the playground, smarty pants!"

Who's That Girl?

I would like to get some information on the Norman Rockwell painting *Girl at the Mirror.*

My mother and I have a disagreement on who the lady is in the picture the young girl is holding in her hand. My mother says the woman is Myrna Loy. I disagree. I think the woman is Jane Russell.

Can you settle this for us, or do you know who can? Thank you for your help.

Sandra G. Frost
Apple Valley, California

Editor's note: Get ready to pay up, mom, because Jane Russell is the star featured in the Girl at the Mirror *cover. The little girl is Mary Whalen, who was one of Rockwell's favorite models. She was also featured on Rockwell's* A Day in the Life of a Girl *cover.*

Let's Agree to Disagree

According to Robert C. Burns (Nov./Dec. '95), it's his way or no way. Some of us are pro-choice, others are not. I found "A Right to Die" interesting, and I hope *The Saturday Evening Post* will continue to publish opposing views. If Mr. Burns can't handle it, let him publish his own magazine filled with his own views, have it delivered to himself each month, and avoid having to deal

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with reality. I would hope it makes him happy.

Gerrie Dravs
Castle Rock, Colorado

It never ceases to amaze me that freedom of speech in this country, as interpreted by some people, only applies if the speaker's opinions agree with those of the listener or reader.

The article "A Right To Die" (Sept./Oct. '95) was printed in the "Open Forum." By definition, that means a discussion or expression of ideas. Isn't that what this country is all about? Whether or not the *Post* or any magazine, newspaper, or journalist agrees with the opinions of people whom they quote, or give the opportunity to express their opinions in print, is not the issue.

Those who would cancel a subscription to the *Post* because they don't agree with the author of an article published in the magazine are, in effect, saying that "unless what you print reflects my views, I will not buy your magazine."

In the Jan./Feb. '96 issue, a reader quoted Albert Schweitzer on the sanctity of life. There is another quote that applies here: "I disapprove of what you say, but I will defend to the death your right to say it," which was attributed to a quote in a letter from Voltaire. Had the *Post* refused the right of William Carr to express his opinions in the "Open Forum," then *I* would have canceled my subscription. Agree or disagree, but don't censor opinions.

Jean Barnard
Lake Orion, Michigan

Lassie, Come Home!

In the Nov./Dec.'95 issue of *The Saturday Evening Post,* there was an article written by Patrick Perry: "Teaching Dogs New Tricks." The article said the video series *The Lassie Dog Training System* by the Weatherwax family was available in stores nationwide. That does not include Fairbanks, Alaska. The stores tell me it isn't listed in their catalogs.

I would like to purchase this video. Please tell me how I can order this.

Ethel-Faye Stoneman
North Pole, Alaska

Editor's note: You may order Robert Weatherwax's home video series, The Lassie Dog Training System, *by calling 1-800-591-7200.*

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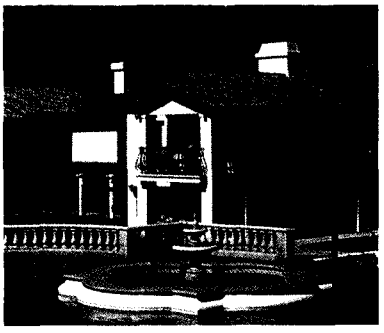

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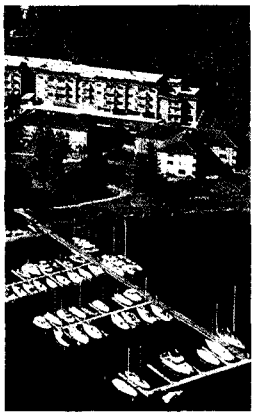

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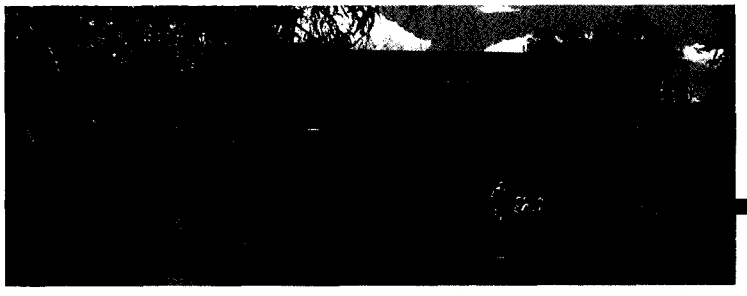

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Post People

At age 14, ***Cyd Charisse*** was signed with the Ballet Russe company. At 69 she dazzled Broadway in 1992's *Grand Hotel*. In between were 35 films and a marriage of 47 years to singer and nightclub entertainer Tony Martin. Although Charisse says she never planned a movie career, she's glad life took her to Hollywood. She and countless movie fans the world over.

Her fame with dancing partners Fred Astaire and Gene Kelly got off the ground at age 20. The young, classically trained Charisse brought a unique style to the screen and soon became recognized as one of the greatest dancers ever, achieving star status in such films as *Singin' in the Rain* and *Brigadoon* (with Kelly) and *The Band Wagon* and *Silk Stockings* (with Astaire).

However, there was one film with Kelly she turned down, opting to have a baby instead. Otherwise, Tony Martin, Jr., a musician-actor, could have missed his birthdate altogether, and the debut of Leslie Caron, who replaced Charisse in *An American in Paris*, might have been delayed.

When it comes to religious music, ***Point of Grace*** is setting—and selling—records. Besides major coverage in prestigious publications such as *New York Times Magazine*, the *London Times*, and *USA Weekend*—as well as TV appearances on "ABC World News Tonight" and "ABC Sunday Morning"—Point of Grace has been recognized by the Sony Club for its "unprecedented success, consistently sold-out tour dates, and a ninth consecutive No. 1 song, 'Gather at the River.' "

Small wonder that Epic Records, the William Morris Agency, and Word Records recently gathered in New York City to acknowledge the group for the explosion of its career in less than three years.

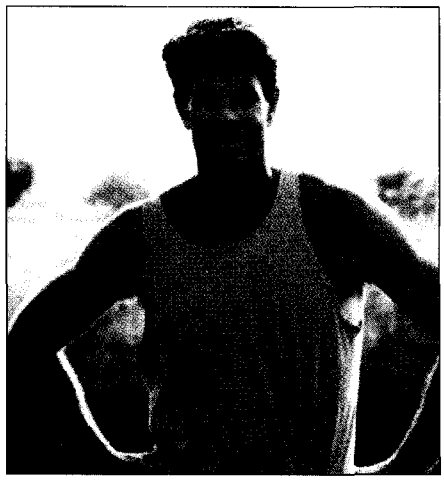
Should you have missed all the hubbub, we'll explain that Point of Grace is a hot new band of women "touting the virtues of faith, hope, and love"—and currently topping the charts.

Since wife, Randi, quit her career as top model and actress to become a live-in mother to their four children, ***Gregory Harrison*** has been working overtime. The actor's assignments include a new CBS miniseries, *Nothing Lasts Forever*, and *It's My Party*, a film about a young man dying of AIDS.

For all of Gregory Harrison's activities, might you still be asking, "Gregory who?" Well, he played "Gonzo" for eight seasons on the CBS hit "Trapper John, M.D." Or how about the movie *For Ladies Only*?

But why is this successful veteran actor busy making two movies a year? His answer: "After our first child was born, Randi asked if I minded if she didn't work," the busy actor replies. "I'm working harder now, because she had a considerable income." 'Nuff said.

Jim Palmer, the man who won 268 games pitching for the Baltimore Orioles and has been inducted into baseball's Hall of Fame, actually wears the Jockey shorts advertised on the 96-foot-wide billboard in New York's Times Square, so there *is* truth in advertising. He also has become involved with handicapped people in the Sacramento area, who accepted his TV invitation to come to the Money Store.



Today, the 6'3" former hurler is delivering a new pitch: *Jim Palmer's 22-Minute Total Body Workout*. With the help of his wife, Joni, and two fitness professionals, Palmer does his thing on the scenic grounds of the PGA National Resort in Palm Beach Gardens, Florida.

"Everywhere I go," he says, "I get the ultimate compliment from my peer group: 'Gee, you look so much better than I do—how do you do it?' "

In exactly 22 minutes (Palmer's baseball number), the video shows how he does it, from country line-dancing to low-impact aerobics. He also professes an enviable golf score, plays racquetball or squash, takes morning bike rides, and gardens.

What will Jim Palmer endorse next? Considering that he eats healthy food—fresh fruits and vegetables, grain or bran cereals, whole-wheat toast minus butter or jam, chicken, fish, pasta, nonfat milk, lots of garlic—"Hey, maybe a cookbook," he says. "You never know."

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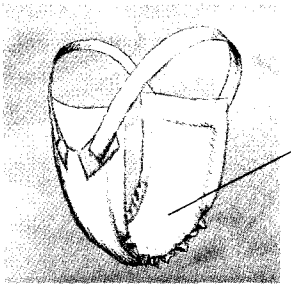

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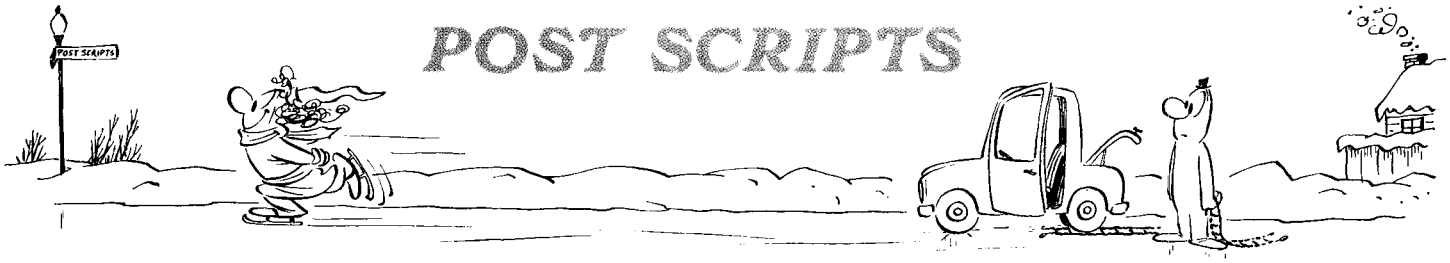


Think Spring

I pretend that winter's gone
(My window's revealing an icicle)
And imagine SPRING has come,
As I pedal my exercise bicycle.

—Rosemarie Williamson

In Like a Lion

There are a lot of things
For which I've learned to wait,
But I'm like a caged lion
When spring is running late.

—Marlace Berg Zacharias

Original Equipment

It's nice, each morn, to be a squirrel
  Because (it's never failed)
He simply cannot help but be
  Bright-eyed and bushy-tailed.

—Dick Emmons

Wedding Bells Revisited

Marriage is like a newly sprouted plant. It requires constant care and nourishing in order to survive—and thrive. Otherwise, those tender "I dos" may become tearful "adieus."

—Rosemarie Williamson

Degree of Comfort

When winter fills my world with snow
And icicles are forming,
You can't blame my being
  nostalgic for
A little global warming.

—Howard Kaufman

Here's the Pitch

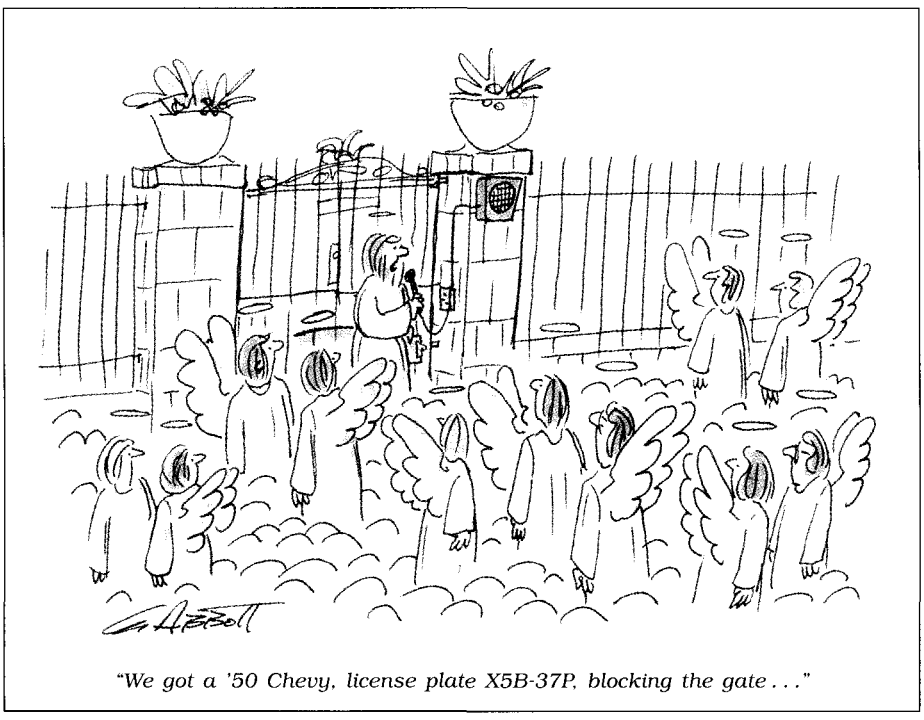
A lad trying to knock a ball to his father tossed the ball into the air and swung his bat at the descending ball. He missed the first toss and called, "Strike one." He missed the second toss and called, "Strike two." Missing the third toss, he called to his father, "Three strikes and I'm out. I sure am a good pitcher."

—James E. Fosbrink

Penny Wise

Some people won't stoop
for the penny.
The thought of it
gives them offense.
I disagree. For me,
it makes a lot of cents.

—Esther Boykan



"We got a '50 Chevy, license plate X5B-37P, blocking the gate . . ."

The Gray Sheep of the Family

Grandfathers are supposed to be
Examples for their progeny;
  Alas, my dear old gramp,
  An incurable scamp,
Was a blot on our history.

—Naomi Cherkofsky

Perfect to a Fault

She confesses her faults
Too merrily
And brags of mistakes
So airily.
We're all admiration
For what she has done—
Virtues are fine,
But faults are more fun.

—May Richstone

We'll Take Our Dividends in Product

"Why not accept it?" I said to
  my wife.
"You'll have aches and pains for
  the rest of your life."
"We share that prognosis, my dear,"
  said she,
"And you're 2½ years older
  than me."

So let's fill our prescriptions and take
  all our pills,
And heal our financial and
  physical ills.
I refuse to worry or gnaw on my
  cuticles;
We'll invest in drug stocks and
  pharmaceuticals.

—Pete Peterson

The Good Old Days

Middle age is when you have more fun remembering what you did than what you're doing!

—Robert Patton

Some Assembly Required

My teenage son looked in our full cupboards for a snack, then apologized to his friend. "My mom doesn't buy food anymore. She only buys ingredients," he said.

—Jean Borgen

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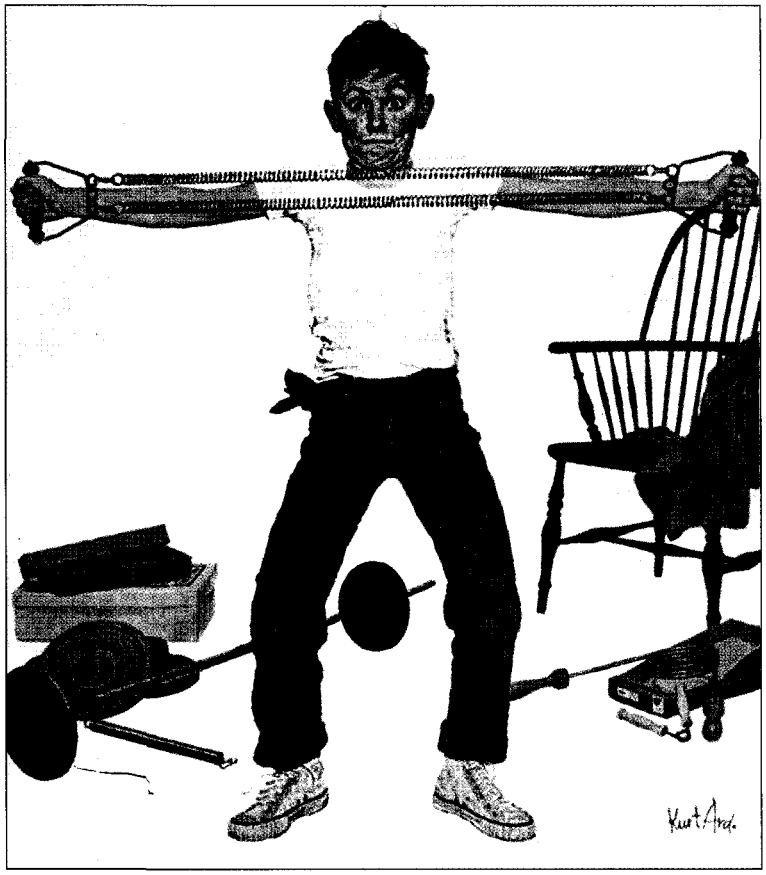
CAN EXERCISE MAKE YOU SMARTER?

Scientists are probing the links between physical activity and brain power.

by Carol Krucoff

Just as exercise strengthens the heart and lungs, bones and muscles, it may also power up the brain. A growing body of research in animals suggests that physical activity might have a positive effect on mental functioning.

"It's clear that the brain benefits from exercise," says neuroscientist William Greenough of the University of Illinois at Champaign-Urbana. His studies with rats have demonstrated two major effects of activity: Aerobic exercise fuels the brain with more nutrients, and skill-based exercise increases the number of synapses, or connections, which, some scientists theorize, may make the brain better able to process information.



New research suggests that the brain clearly benefits from physical activity. The young may be especially able to boost brain power through exercise.

In one experiment, rats were separated into three groups. One group exercised on an automated treadmill, a second group honed their skills in an acrobatic, "boot camp"-style obstacle course, and a third group was sedentary.

"The acrobatic animals that learned [in the "boot camp" group] showed a greater number of synapses than the animals in the exercise or inactive groups," Greenough said. "In contrast, the animals that exercised [on the treadmill] had a greater density of blood vessels in the brain than did either the acrobatic or inactive animals."

Learning a new dance step may boost the brain in the same way that learning a language can, he says. And if the dance is aerobic as well, the benefits double. Young brains may be especially able to boost brain power through exercise, suggested another of Greenough's experiments that showed the most significant changes in the brain occurred among rats that exercised just after weaning. And while animals aren't people, he says the same effect found in rats may apply to humans.

Human studies have focused primarily on older adults and suggest that regular exercise can improve the speed with which the brain processes information. Research by psychologist Arthur Kramer at the University of Illinois demonstrated that sedentary adults, aged 63 to 82, could hit buttons faster in response to a tone after they went through a 10-week water aerobics course. A control group that didn't exercise showed no improvement.

This boost in reaction time after exercise training may occur because declines associated with aging could actually stem from declines in fitness. Some scientists speculate that reduced mental functioning often attributed to aging may be the result of a sedentary lifestyle and related factors such as medications and poor nutrition.

"In older people, an exercise regime appears important for brain maintenance," says Daniel M. Landers, professor of exercise science at Arizona State University, who recently published an article reviewing the literature on activity's effect on the brain.

Numerous studies show that children who engage in regular physical activity do better in school than their sedentary classmates. But until recently, the academic edge conferred by sports participation was thought to come from the increased self-confidence, better mood, and the ability to concentrate that come from burning off steam in exercise. Now, however, some scientists point to possible physiological connections.

Pierce J. Howard, a Charlotte, North Carolina-based organizational psychologist and author of *The Owner's Manual for the Brain*, says new research indicates that aerobic exercise increases the amount of certain brain chemicals that stimulate growth of nerve cells.

Inactivity may also have detrimental effects on mind and body alike. "Cognitive scientists recognize that mind is body, and body is mind," Howard notes. The most beneficial forms of exercise, he says, engage both.

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promote the good health of our readers. Of course, we also want you to enjoy reading, laugh at our cartoons and humor, play our games, answer our quizzes, stay updated on medical discoveries, and seek help for your personal health problems.

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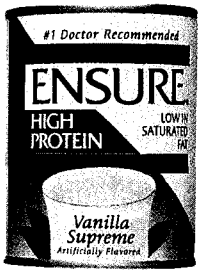

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FOOD

NUTTY RECIPES THAT HELP THE HEART

After centuries of being stuck in desserts, walnuts are finally coming out of their shells.

by Ted Kreiter

They say an apple a day keeps the doctor away. Today, however, apples have a rival: walnuts.

Long prized for their nutritional value and rich nutty flavor, walnuts may be better for us than we ever imagined. Some studies conclude that eating just a small amount of walnuts each day can help protect against heart disease.

What is the secret? One of the highest naturally occurring ratios of poly-unsaturated to saturated fat, as well as relatively large amounts of n-3 linolenic acid, a cholesterol reducer. A study at Loma Linda University in California revealed that people on a cholesterol-lowering diet could lower their serum cholesterol even further (more than 10 percent) simply by substituting walnuts for other fatty foods in their diet. The results of the Loma Linda study coincide with similar findings over the years showing that people who frequently consume nuts, including walnuts, demonstrate a consistently reduced risk for heart disease—one reason, perhaps, why vegetarians, who generally consume more nuts, are healthier than the general population.

While adding nuts to your diet can be beneficial, nutritionists advise not to overdo it. One ounce of walnuts a day is all you need to provide a protective effect. Don't simply add handfuls of nuts to what you already eat, either. You'll benefit most by substituting walnuts for other fatty foods in a normally low-fat diet—for example, by reducing the meat portion in a stir fry and substituting walnuts.

In a nutshell, walnuts aren't just for desserts anymore. Health-conscious cooks can find delicious ways to incorporate them into foods from salads to sandwiches to main dishes. The following low-fat, nutty recipes are designed with your heart's health in mind.

For more information and a seven-day meal plan using walnuts, write to the Walnut Marketing Board, 1540 River Park Drive, Suite 101, Sacramento, CA 95815.

Walnut Chicken Salad Sandwich

Walnut Chicken Salad Sandwich

(Makes 4 servings)

½ cup finely chopped fresh spinach, or 3 tablespoons finely chopped frozen spinach, thawed and drained
⅔ cup nonfat yogurt
1 tablespoon lemon juice
1 teaspoon dry mustard
¼ cup chopped green onion
1 tablespoon chopped fresh dill or tarragon, or ½ teaspoon dried tarragon or dill
½ cup finely chopped celery
3 cups diced, cooked white meat chicken
1 apple, cored and diced
½ cup (2 oz.) chopped California walnuts
¼ teaspoon salt (if desired)
½ teaspoon pepper (if desired)
Several leaves iceberg or other crisp lettuce
4 pita breads, halved, if making sandwiches

In large bowl combine spinach, yogurt, lemon juice, mustard, green onion, dill or tarragon, and celery. Stir to combine. Add chicken, apple, and chopped

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walnuts; blend well, then season to taste with salt and pepper if desired.

Serve salad on bed of lettuce leaves or spoon about ½ cup into each pita half and tuck in lettuce leaf.

Per Serving (1 pita + 1¼ cups filling):
Calories: 478 Carbohydrate: 45.7 gm
Cholesterol: 83 mg Protein: 39.9 gm
Sodium: 572 mg Fat: 15.0 gm
Diabetic exchange: 4 lean meat + 2 bread + 1 vegetable + ½ fruit

Walnut Chicken Sauté

(Makes 4 servings)

1¼ lbs. (12-14) small red-skinned "boiling" potatoes, or larger red-skinned potatoes cut in 1" chunks
Nonstick cooking spray
4 (1 lb. total) skinless, boneless, chicken breast halves
½ pound mushroom caps, halved, or quartered if large
¼ cup dry white wine (if desired)
½ cup low-salt chicken broth
1½ teaspoons cornstarch
¼ cup chopped green onion
1 tablespoon chopped, fresh rosemary or 1 teaspoon dried rosemary
½ cup chopped California walnuts, toasted if desired
Salt and pepper to taste (if desired)
Several parsley sprigs

Boil potatoes in water and cover 7-10 minutes, or until barely tender when pierced. Drain well and set aside.

Coat large skillet with nonstick cooking spray and place over moderate heat. Brown chicken breasts about 3 minutes on each side; remove and set aside. Add potatoes and mushrooms to skillet and cook, tossing and stirring frequently, 5-10 minutes or until vegetables are lightly browned. Add wine and ¼ cup broth to skillet, then place chicken breasts on top. Cover and simmer 5 minutes, or until chicken is cooked through.

Blend cornstarch until smooth with remaining ¼ cup broth. Add to pan along with green onion and rosemary and stir about 1 minute until sauce thickens. Stir in walnuts, then season to taste with salt and pepper, if desired. Arrange chicken and vegetables on platter and garnish with parsley.

Per Serving (1 piece chicken + 1½ cups vegetables):
Calories: 358 Carbohydrate: 25.7 gm
Cholesterol: 72 mg Protein: 32.6 gm
Sodium: 229 mg Fat: 13.4 gm
Diabetic exchange: 1½ bread + 1 vegetable + 3 lean meat + 1 fat

Clockwise from top: Red, Orange, and Green Salad; Peach Buttermilk Sherbet; Walnut Chicken Sauté

Sweet and Spicy California Walnut Sprinkles

(Makes 1¼ cups)

4 oz. (1 cup) chopped California walnuts
½ cup fresh white breadcrumbs
2 tablespoons sugar
½ teaspoon cinnamon
½ teaspoon nutmeg
1/16 teaspoon salt, if desired

Preheat oven to 325° F. In food processor, blend walnuts until finely ground but still light and dry. Combine with breadcrumbs and spread on baking pan. Bake about 15 minutes, stirring frequently until golden brown and crisp. Stir in sugar, cinnamon, nutmeg, and salt if desired, then cool to room temperature, stirring occasionally. Keeps about 10 days, stored in airtight container.

Per Serving (1 tablespoon):
Calories: 54 Carbohydrate: 3.7 gm
Cholesterol: 0 mg Protein: 1.1 gm
Sodium: 43 mg Fat: 3.8 gm
Diabetic exchange: 1 fat

Savory California Walnut Sprinkles

(Makes 1¼ cups)

4 oz. (1 cup) chopped California walnuts
½ cup fresh white breadcrumbs

continued on page 76

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IT WILL BE SUNDAY MEETIN' TIME, WHEN ALL GOD'S SINGERS GET HOME

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–Bill and Gloria Gaither

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A FAIR WAY TO SHAPE UP

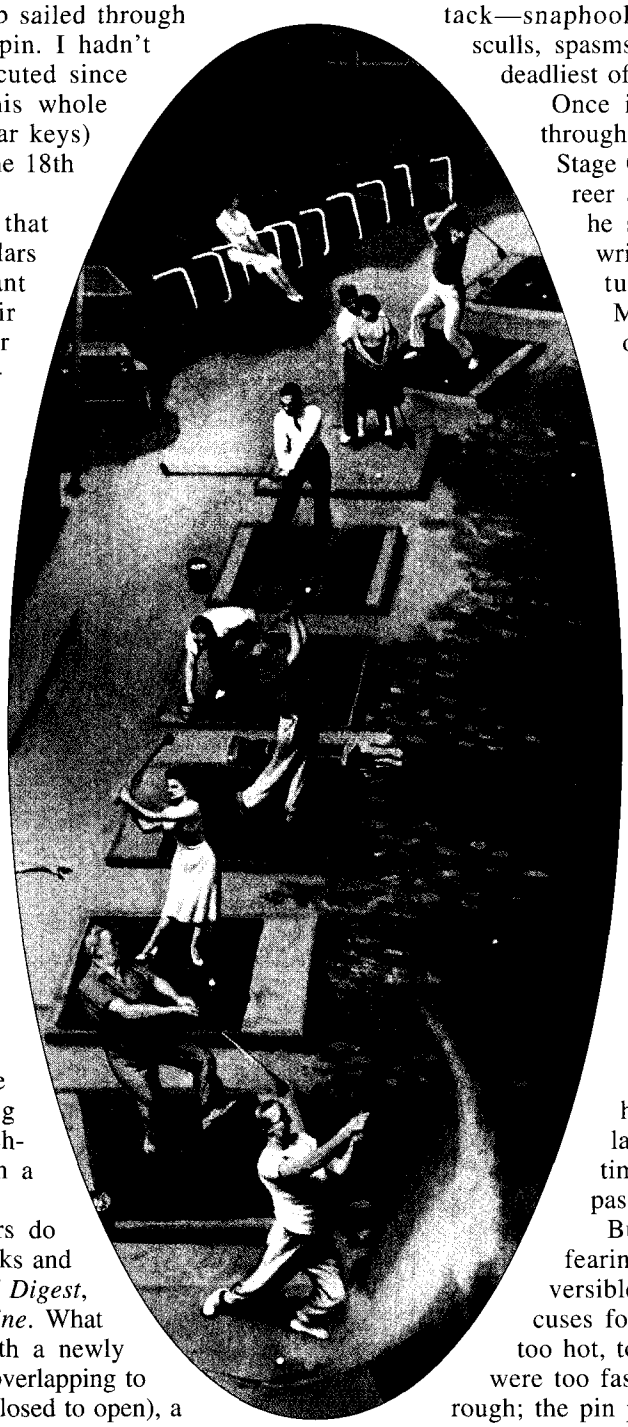
Some golfers exercise by throwing clubs;
winners prefer developing muscles used in their golf swing.

by Dick Noel

I stood in awe of my playing partner. After sculling his shot out of a green-side bunker, Sam Johnson hurled his sand wedge 104 yards. Not only was it clearly a new record, but the wide-flanged club sailed through the air in a perfect helicopter spin. I hadn't seen anything so flawlessly executed since the day Bob Gernsey heaved his whole bag (clubs, balls, rainsuit, and car keys) into the middle of the pond on the 18th fairway.

Yes, golf is a strange game that does strange things to people. Pillars of the community skip important meetings, doctors turn off their beepers, lawyers shut down their meters, judges cut short their trials, clergymen desert their parishioners.

Why are so many people hooked by this game, and why do most of them play it so poorly?



It Looks So Easy

Compared to other sports, golf looks simple. Heck, anybody who can hammer a sharply curving baseball ought to be able to kill a ball sitting dead on a tee. And you don't have to be big or exceptionally muscular to be successful; after all, look at Chi Chi Rodriguez, Corey Pavin, Hale Irwin, or Curtis Strange. That's why most people who take up the game, especially ex-jocks, never sign up for a lesson. Instead, they develop a perverse pride in never having contacted a pro. You see them year after year, plodding around the course—lashing, lurching, and lunging at the ball with a multitude of grooved bad habits.

Of course, these underachievers do watch the pros on TV, do buy books and videos, and do subscribe to *Golf Digest*, *Golf Illustrated*, and *Golf Magazine*. What happens? Every round begins with a newly learned secret—a change in grip (overlapping to interlocking), a change in stance (closed to open), a change in club shaft (steel to graphite), a change in clubhead (wood to metal), a change in ball (surlyn to balata), a change in dress (Bermuda shorts to long pants).

Does any of this do any good? No. Just when an underachiever thinks he's got it, one or more golf viruses attack—snaphooks, slices, chili-dips, pop-ups, sculls, spasms, yips and, once in a while, the deadliest of all—the shanks.

Once infected, the underachiever goes through four stages of deterioration. In Stage One, incidentals like work and career are put on the back burner while he searches for a cure. He starts by writing down TV tips from Ken Venturi, Peter Kostis, and Johnny Miller. He then scours back issues of *Golf Digest* for help from the Great High Priest, David Leadbetter. In desperation, he dips into weekly grocery money to buy *Harvey Penick's Little Red Book*. He becomes more and more confused.

In Stage Two, he develops a whole series of negative swing thoughts—don't start back to the outside, don't move away too fast, don't fail to complete the backswing, don't slip into a reverse pivot (what the heck is that, anyway?), don't sway from side to side, don't rush the downswing, and finally, don't look up (everybody's favorite).

Late in this stage, in a moment of panic, he asks a friend to make a home video of his golf swing. It's the ultimate wake-up call. He discovers his silky-smooth motion looks like Doug Sanders on a bad day. Even his golf-widow wife bursts out laughing at the spectacle—the only time she shows any interest in his passionate pastime.

But it gets worse. In Stage Three, fearing that the disease may be irreversible, he turns to a long list of excuses for his poor play: the weather was too hot, too cold, or too windy; the greens were too fast or too slow; the rough was too rough; the pin placements were unfair; the traps weren't raked correctly; the tee markers were crooked; the group in front played too slowly; the group

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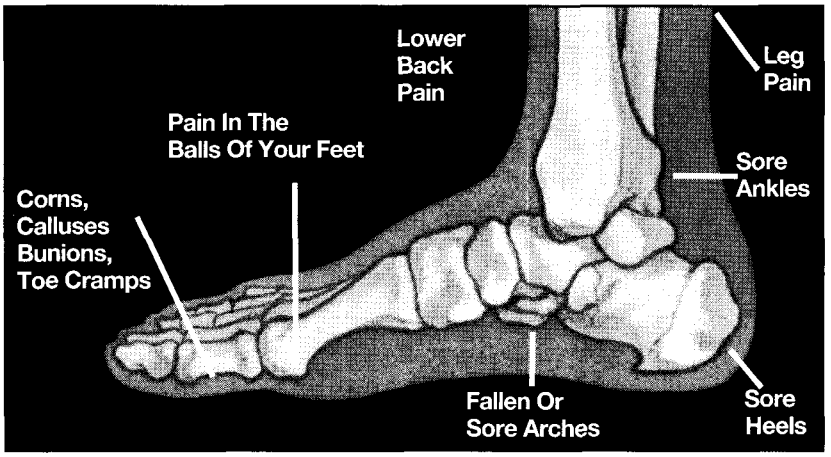
Foot Pain Is No Laughing Matter



At Last - Here's Instant Relief!

If you suffer from foot pain you know better than anyone ***it's no laughing matter!*** Especially when you have corns, calluses, pain in the balls of your feet, burning nerve endings, painful ankles, old injuries, backaches, or just plain sore, aching feet.

Now with "FOOT CRADLES" you will look back on suffering needlessly, and laugh at having put up with foot pain when you really didn't have to.

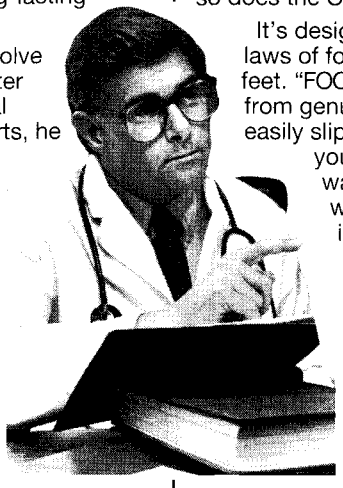
Doctor's Scientific Discovery Ends Foot Pain.

A Swiss doctor who specialized in foot therapy knew that painful feet needed to be properly supported and cushioned in any pair of shoes. No one knew better than he as he watched his patients try one remedy after another. Anything his patients tried never provided long-lasting relief from pain.

Finally, he set out to solve the problem himself. After testing dozens of special shoes and insole supports, he invented the amazingly successful "FOOT CRADLES."

The "Foot Cradle" Insert.

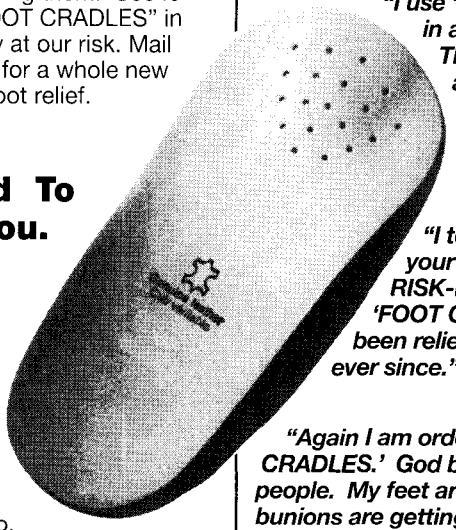
A triumph of Swiss inventive genius! A "FOOT CRADLE" weighs less than one ounce, yet its unique, contoured design enables it to help support your full body weight while unshackling your feet from their misery.



Works in any shoes - sandals, high heels, sport shoes, sneakers, work shoes, even boots. You won't even realize you're wearing them. See for yourself: Test "FOOT CRADLES" in your shoes entirely at our risk. Mail this coupon today for a whole new world of blessed foot relief.

How It's Guaranteed To Work For You.

Like all great inventions it was quite simple once he figured it out! The secret of the "FOOT CRADLE" is in the unique, contoured design. Just as your body weight shifts naturally with each step, so does the CRADLE.



It's designed to apply the natural laws of foot motion to pain-racked feet. "FOOT CRADLES", handmade from genuine European leather, easily slips into any pair of shoes you own. Once you start walking or running, you will feel the difference immediately. Suddenly, you no longer wince when you walk. The pain from your corns and calluses will disappear. ***WE GUARANTEE IT!***

Try "FOOT CRADLES" for 30 days at our risk. If you are not completely free of foot pain, return them for a prompt full refund of your purchase price.

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Forget the bad shot or the bad break. Move on. Set new goals for the rest of the round. You'll be amazed how many times you'll come back to win when you keep your emotions under control.

in back kept hitting into him; he had a sore wrist, elbow, hip, or back; the dampness affected his arthritis; he had other things on his mind.

In Stage Four, he hits rock bottom. Inanimate objects come to life, conspiring to defeat him. Tree branches reach out to deflect his ball, roots sprout up in front of his lies, sprinkler heads kick his ball into traps, stumps move sideways to stymie his path, greens become hard and bounce his shots into ditches, roughs suddenly thicken and swallow up his ball. In the end, he convinces himself that supernatural beings have singled him out.

The Cure

All golfers must come to grips with these eternal truths:

- Golf was invented by the Scots, not by God.
- Pledges to brides on wedding days do not include anything about breaking 90, 80, or 70.
- Golf *is* only a game. Ten years after you're gone, Jack Nicklaus, Sam Snead, and Bobby Jones will still be remembered for all their major wins. Your second-place finish in the third flight of your local member-guest tournament will long be forgotten.

Golfers must understand that the game can be fun and healthy if approached with common sense and if kept in perspective. Learn the basics from a professional and spend as much time practicing as playing. If you have a family, play early in the morning and skip the 19th hole. Take the wife and kids on picnics in the afternoons and tape TV tournaments for late-night viewing.

Find a simple method of play and stick with it. The best I've come across is taught by a Florida teaching pro, Arnie Frankel, which he explains in his latest video, *Golf's One Motion*. The method goes back 70 years to the teachings of Ernest Jones, a one-legged legend who came up with an easy way to learn the feel of swinging a golf club. Over the past two seasons, it has lowered my handicap from 11 to 6.

Develop a regular exercise regimen emphasizing the muscles used in the golf swing. One good resource is Dr. Frank W. Jobe's book, *30 Exercises for Better Golf*. By following Jobe's recommendations, I've gotten into top physical shape and am hitting the ball 30 yards farther off the tee.

Don't take yourself too seriously or be too hard on yourself. Play the game one shot at a time, giving each shot your best effort. Learn to keep your composure when things don't go your way (i.e., your tee shot bounces out of bounds, your short-iron approach buries in the trap).

Forget the bad shot or the bad break. Move on. Set new goals for the rest of the round.

You'll be amazed how many times you'll come back to win when you keep your emotions under control.

Of course, this is all easier said than done. On the golf course, most men are boys their entire careers. They pout and whine and complain and swear and blame God for all their troubles, constantly calling on Him to damn everything in sight—bad lies, tough pin placements, the wind, the heat, the cold. The more they complain, the tenser they become. And tension is *the* symptom preceding the attack of all lethal golf viruses.

I'm a 56-year-old boy still trying to master this crazy game, especially the mental side. I still lose my cool, although I haven't broken a club in two years. My wife can always tell when I've had a poor round. On those days, she backs off from reminding me about undone yard work or unfinished home repairs. She has considerably more patience than I and has taught me much over the years about balance between family and golf.

Of course, she'd have to crush both my legs before I'd ever retire my Ping Zings. After all, I still haven't broken 70, or won the state senior title, or qualified for the national senior open, or . . .

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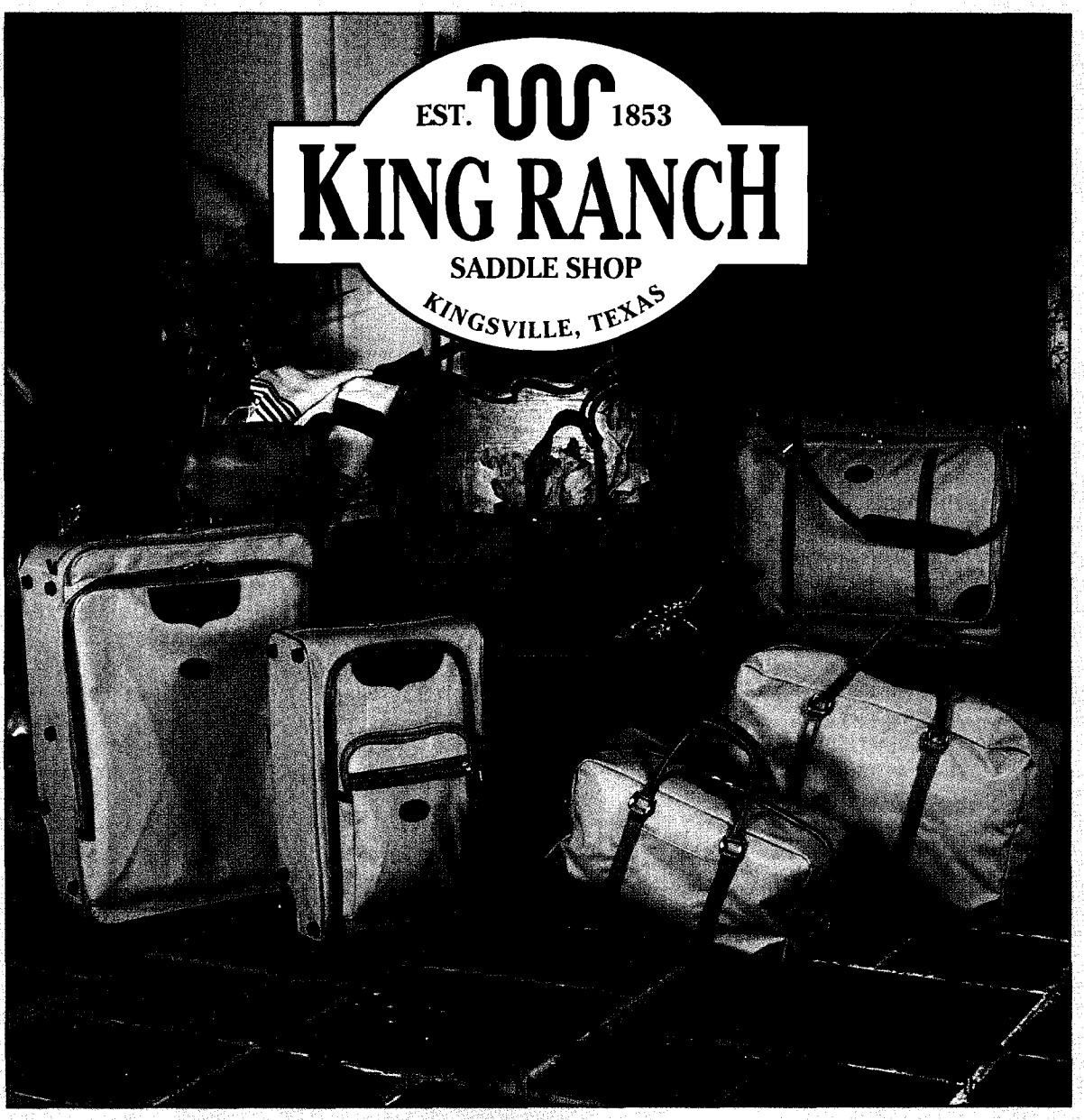

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VETS ON PETS

OUT OF HARM'S WAY

Knowing simple first-aid tips could save your pet's life.

by Elizabeth Leaff

If you're lucky, you will never need to use the information in this article. But accidents happen despite our best intentions, and that's when knowing first aid becomes important. Emergency first aid is the immediate action you should take in an emergency *before* you can reach a veterinarian. It can help prevent injuries from worsening, alleviate pain, or even save your dog's life.

The key is to be prepared. Post the number of your veterinarian or veterinary emergency hospital near the phone alongside your other emergency numbers, such as the fire department and poison-control center. Discuss the following first-aid techniques with your vet. If a crisis occurs, notify the veterinarian that you are on your way and describe the emergency so preparations can be made for your arrival. These actions can greatly improve your dog's chances for survival.

Always be prepared, the scout motto says. In an emergency you can greatly help your pet by providing a pressure dressing, heart massage, even artificial respiration.

➤ **RESTRAINT.** Even a loving and trusted pet may bite when he is hurt and frightened. The best way to ensure your safety while trying to help or restrain an injured dog is to apply a muzzle. Almost any available material—pantyhose, necktie, rope—can be used. The muzzle will not interfere with breathing if tied correctly, and can be released quickly by loosening the bow and pulling the material straight from the nose.

➤ **TRANSPORTING AN INJURED DOG.** An injured dog must be carried so that further damage is avoided. Dogs of any size may be placed on a towel or blanket, which is then lifted by its edges. Or they may be gently laid on a firm surface of sufficient size, such as a plywood board, before being transported. Smaller dogs can be wrapped gently and carried in one's arms or in a sturdy box.

Always exercise caution when attempting to pick up and support an injured animal. If you haven't muzzled the dog, he may try to bite you, or you may inadvertently worsen matters by carrying the dog improperly. As always, use common sense.

➤ **ARTIFICIAL RESPIRATION.** Artificial respiration is necessary when a dog has stopped breathing. Be extremely careful, since your face will be very close to the dog's mouth. Even dogs in respiratory arrest can reflexively close their jaws without warning.

Open the dog's mouth and check for obstructions. Extend the dog's tongue and look into the throat to make sure it is clear. Remove any fluid from the mouth that might interfere with the passage of air. Then close the mouth and continue to hold it gently closed.

Now inhale. Completely cover the dog's nose with your mouth and exhale *gently*. Carefully force air into the lungs and watch the chest for expansion. Repeat every five to six seconds, or 10 to 12 breaths per minute.

➤ **HEART MASSAGE.** Heart massage is attempted when you can't detect a heartbeat. It should be combined with artificial respiration. A basic course in CPR will help you learn how to perform this potentially lifesaving technique on both animals and people.

To begin, lay the dog on its right side and place two hands over the heart area. Press firmly on the chest about 70 times per minute. For a small dog, place one hand on either side of the chest near the elbow instead. Keep calm, taking care not to break the dog's ribs by pressing too hard.

➤ **BLEEDING.** External bleeding may be controlled by applying a pressure dressing, which you can make out of strips of gauze or other sturdy fabric. Wrap the injured area in your bandage material, applying even pressure as you work. Watch for tissue swelling

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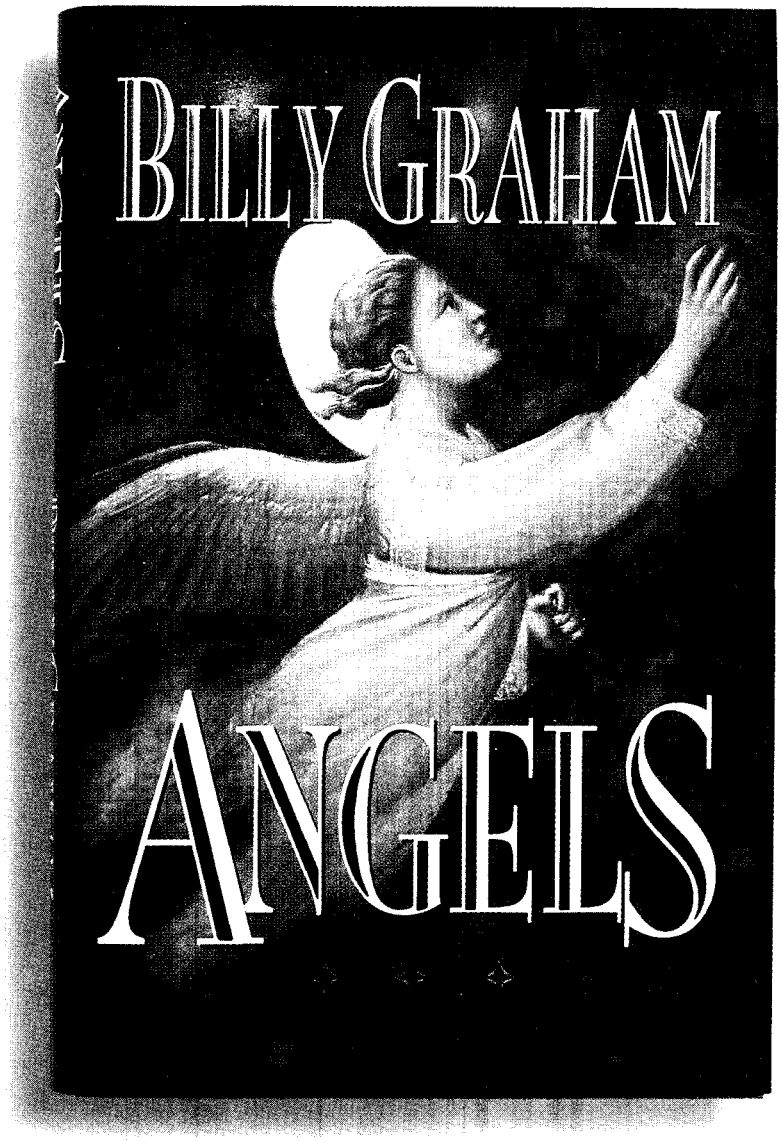
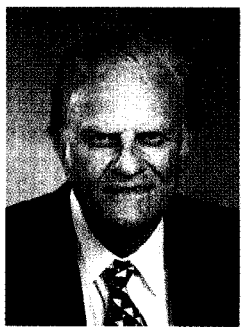


We are not alone...

From the cover of *Time* magazine to prime-time TV, angels are everywhere. Even though over 70% of Americans say they "believe" in angels, knowing what to believe is often confusing.

Angels, with over 3 million copies sold, records the experiences of Dr. Billy Graham and others who are convinced that at moments of special need they have been attended by angels. With keen insight and conviction, Dr. Graham confirms that angels "think, feel, will, and display emotions." He also provides examples of how angels can guide, comfort, and provide for followers of God in the midst of suffering and persecution.



Now in a unique gift edition with classic interior art, *Angels* offers inspiration, wisdom, and real-life experiences to assure you that we are not alone.

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below the wound, a sign of blocked circulation. Should this happen, you must loosen or remove the bandage. Avoid using elasticized bandage material, if possible.

If no bandage material is available, place pressure directly on the wound with your hand or a clean piece of cloth to help block the flow of blood.

When serious bleeding occurs, such as when an artery has been severed, you may also need to apply a tourniquet. Tourniquets may be fashioned from loops of rope, gauze, or cloth—anything that can be wrapped tightly around the area above the wound. If you are forced to use a tourniquet, you must loosen the pressure every 10 minutes or so, or else the tissues will suffer from lack of oxygen.

➤ **SHOCK.** Shock is characterized by collapse of the cardiovascular system. Signs of shock include a rapid, weak heartbeat, dilated pupils, pale gums, and overall weakness. Shock demands immediate emergency attention.

Dogs suffer from shock most often as a result of being hit by a car or any other massive injury. It can also occur secondary to a serious disease.

Time is precious in treating an animal in shock. Take whatever measures are immediately required, such as controlling hemorrhage, while you transport the dog to an emergency facility. Keep the dog as quiet and warm as possible; animals in shock commonly have low body temperature.

➤ **FRACTURES.** Fractured bones, though painful, are not always immediately obvious. If you suspect your dog has a fracture, carefully transport it to the veterinarian on a rigid board, avoiding stress on the injured area. Place the limb on a cushion or just gently support it in your hand (first muzzling the dog).

Compound fractures, characterized by bone piercing the skin, are more serious and more susceptible to infection. Immediately cover the area with as clean a piece of material as you can find and then get emergency help.

➤ **HEATSTROKE.** Heatstroke occurs when the body temperature climbs way above the normal range (a dog's normal temperature ranges from 100 degrees to 102.5 degrees). Most cases of heatstroke occur when owners close their dogs in cars with the windows rolled up, or confine them to other poorly ventilated areas on hot, humid days. It only takes a few minutes for heatstroke to develop.

"Mother, I need to fix supper for Jim and the dog. They're both whimpering."

A dog with heatstroke breathes rapidly but takes shallow breaths. The heartbeat is also very rapid. It is crucial to cool an animal suffering from heatstroke as quickly as possible and treat shock and other complications that accompany this condition.

The most effective way to begin lowering the temperature is to spray the dog with cool water and place ice against its groin, body, head, and neck. Wrap cold, wet towels around the entire body; seek immediate veterinary help.

Always make sure animals have enough ventilation, shade, and water during hot weather. If you must leave the dog in a car, even for a few minutes, leave the windows open wide enough to provide circulation. Or leave the motor and air conditioning running.

➤ **POISONING.** For treatment of poisoning, it's important to know what the dog ate, how much it ate, and how long ago the ingestion occurred. This information will greatly facilitate the veterinarian's plan of action.

Always keep the number of a local poison-control center near the phone. And bring any information you have about the substance—the container, label, etc.—along with you to the veterinarian.

Some of the most common types of poisoning in dogs are from insecticides (such as flea and tick preparations). The most common signs shown by dogs who are poisoned by these products are trembling, weakness, drooling, vomiting, and loss of bowel control. The situation may be very serious. Immediately remove any flea collar or chemical-containing material from the dog's body or environment, rinse off any dip that might have been applied, and call the veterinarian for advice. Never use more than the recommended amount, strength, or number of products at any one time on your dog.

Rat poison usually contains a powerful anticoagulant that causes its victims to bleed to death. Dogs that ingest this substance should be induced to vomit immediately to decrease the chances of the toxin's absorption. They may also need to be treated with vitamin K injections (plus supportive care as necessary) to boost the blood's clotting ability.

Other rodenticidal products contain strychnine. This poison is rapidly absorbed, causing convulsions and death within a short time. Get to the veterinarian immediately.

If your dog has ingested an acidic poison, administer an antacid such as

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milk of magnesia or Pepto-Bismol. Roughly two teaspoons for every five pounds of body weight will help neutralize the acid. To neutralize an alkali substance, give a mixture of one part vinegar to four parts water in the same dosage.

For petroleum distillate poisoning, use mineral or vegetable oil to coat the gastrointestinal tract. The dose is one tablespoon per five pounds of body weight.

➤ **TOPICAL IRRITANTS.** Never try to remove paint, tar, or grease from a dog's coat with turpentine, gasoline, or other harsh chemicals. These remedies are extremely irritating to the skin and may cause severe reactions. Vegetable oil works quite well in removing tar and grease from the coat.

Wounds sustained in a dog fight may look minor, but they can quickly develop into major infections.

This may be followed by a cleansing bath using mild dishwashing detergent. Carefully cut paint away.

➤ **BURNS.** Minor burns are best treated by carefully clipping the hair away from the affected area, cleaning if necessary with a mild soap, and applying a topical antibiotic or steroid ointment. Extensive burns need immediate veterinary care.

➤ **HOT SPOTS.** These local skin infections are not associated with burns, but they do feel warm to the touch. Hot spots are usually round, red, moist, and painful. Dogs can't seem to stop licking and chewing at the area.

Clip hair away from hot spots, clean thoroughly, and then treat with antibiotic or steroid ointment. If hot spots are severe, dogs are often given oral antibiotics and/or steroids and then fitted with an Elizabethan collar—plastic barriers that prevent licking of the hot spot.

➤ **DOG FIGHTS.** Wounds sustained in a dog fight may look minor, but they can quickly develop into major infections. Small puncture wounds are a misleading indication of the damage to muscle and other underlying tissues. Bite wounds must be thoroughly cleansed and flushed with an antiseptic solution; often debridement and/or drains are necessary to effect a cure. Seek veterinary help immediately.

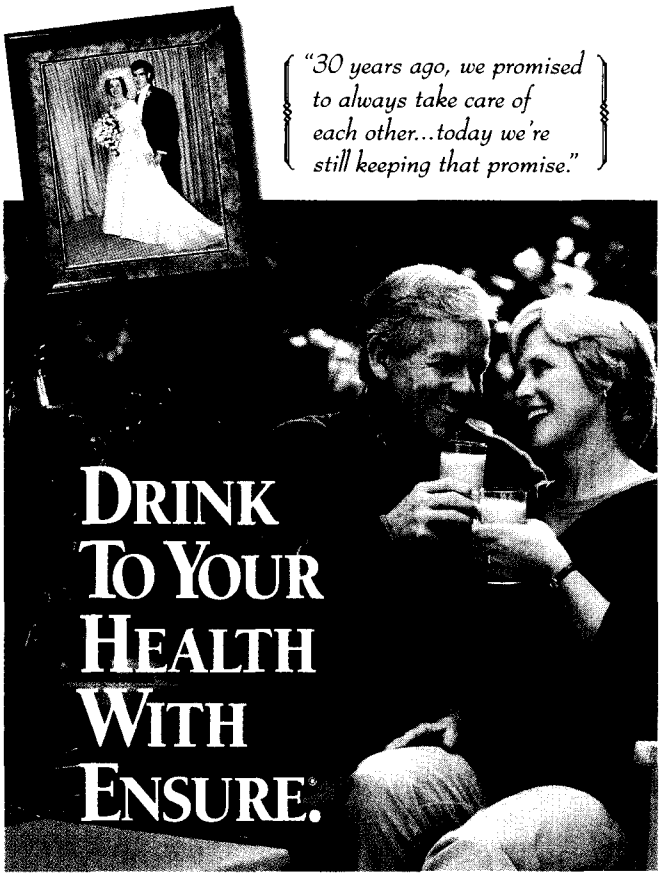
➤ **CONVULSIONS.** Protect the dog from injuring itself when falling or striking its head by placing a large blanket under its head and limbs. Take care when handling the head, since the dog can accidentally bite you. There is no need to worry about the dog swallowing its tongue, so don't reach into its mouth.

Seizures vary in length. They are rarely life-threatening in themselves, but they can be very serious if the dog is unable to come out of a convulsion, or has multiple seizures with barely a break between them. See your veterinarian as soon as possible to try to determine the cause.

➤ **MUZZLING A DOG.** Top: Tie a loose knot in a two-foot section of bandage, leaving a large loop. Slip loop over the dog's snout and tighten.

Middle: Bring the ends down under the chin and tie a knot, then bring the ends around the back of the ears.

Bottom: Finish by securely tying a bow behind the ears.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Tulip Time Tuition Scholarships

Get on track for Tulip Time at the Fitness Farm in Indianapolis. When the starter's gun sounds at noon on April 27, kids from all across the country will be racing for the Tulip Time Scholarship Races finish line.

The Children's Better Health Institute is awarding the winners college tuition scholarships that can be used at any college of their choice.

In addition, this year many fine colleges and universities from around the country are offering scholarships to their schools for the winning athletes.

The complete list of colleges and universities offering these additional scholarships, the amounts, and all winners will be announced at 4:15 p.m. on April 27.

As we go to press, we expect more than $75,000 in scholarships will be available for these junior athletes.

Grandparents can also take part by passing the registration form on to their grandchildren.

The competition will include footraces, basketball, soccer, golf, and tennis.

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REGISTRATION & PHOTO RELEASE FORM

Please register my child and reserve a place for him/her in the 1996 Tulip Time Scholarship Races. (Please return this form by April 15, 1996.)

Child's Name _____

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Please enter my child in one of the following events:

Age Group	Event	Scholarship
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❑ 7 and 8	400 meters	$1,000
❑ 9 and 10	800 meters	$1,000
❑ 10 to 12 (boys)	2-mile cross country	$1,000
❑ 10 to 12 (girls)	2-mile cross country	$1,000
❑ All ages	200-meter predicted time race	$500
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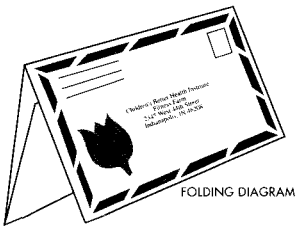
All participants may register for one event. There is no charge for participation in any of the Fitness Farm events.



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Young athletes from across the United States will be competing for college tuition scholarships. Earlham College in Richmond, Indiana, Hope College in Holland, Michigan, Marian College in Indianapolis, Central College in Pella, Iowa, and the University of Indianapolis are among the fine schools offering scholarships to the winners of this year's races.

The entire family will enjoy the Tulip Time Scholarship Races—a fun-filled, fast-paced event. Home of the annual competition, the Fitness Farm is bustling with activity and youthful enthusiasm, and the grounds are alive with thousands of red and yellow tulips in full bloom.

Ricky and Robby Chomicz from Glendale Heights, Illinois, came to compete in the 1995 national race. Like many Tulip Time Race participants, the elementary-school brothers improved their racing skills by running everywhere they went.

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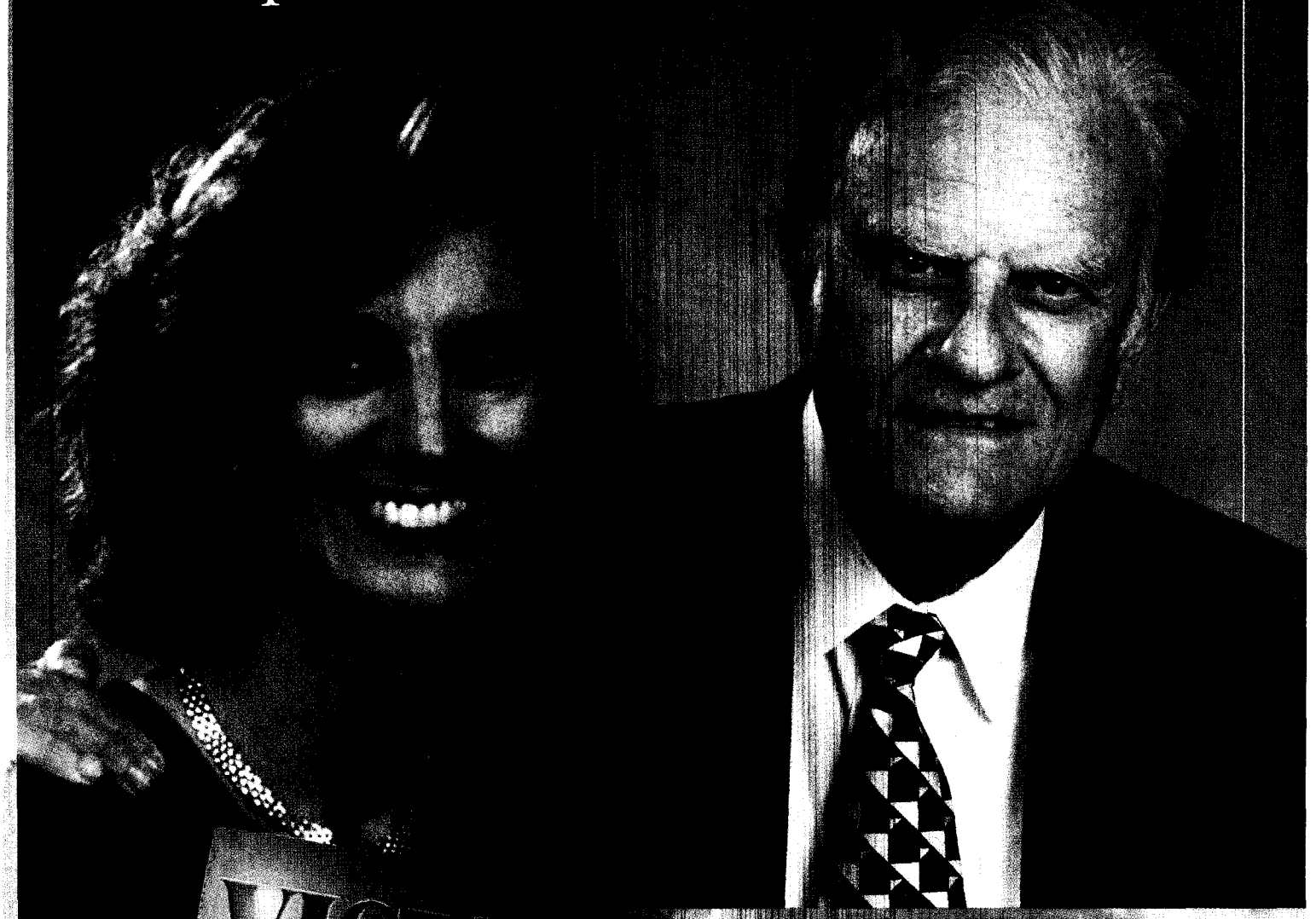
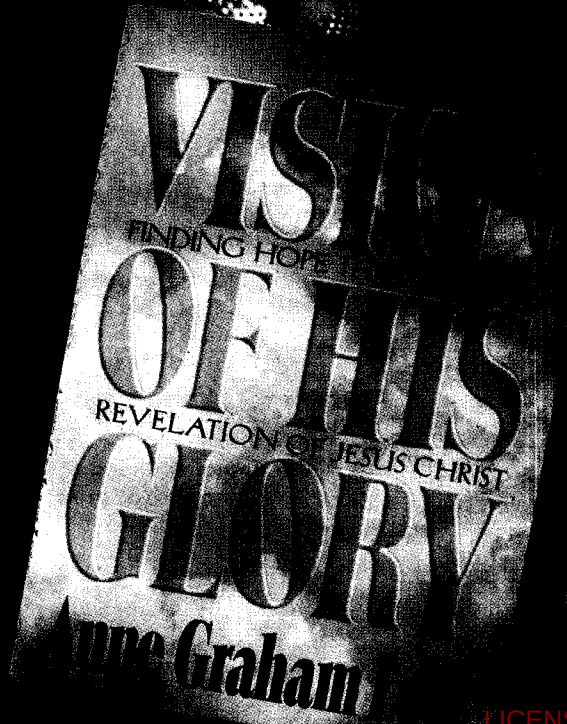
She has her father's eyes. She speaks our Father's words.





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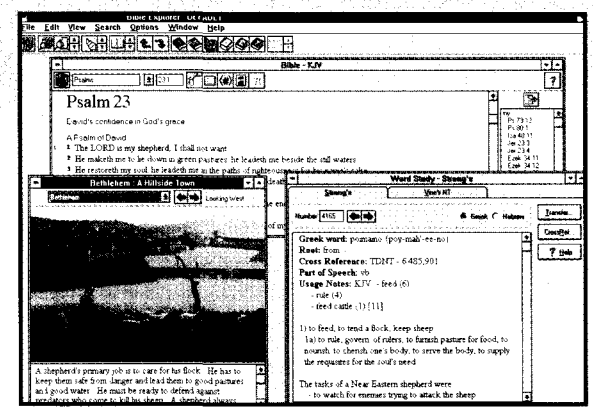

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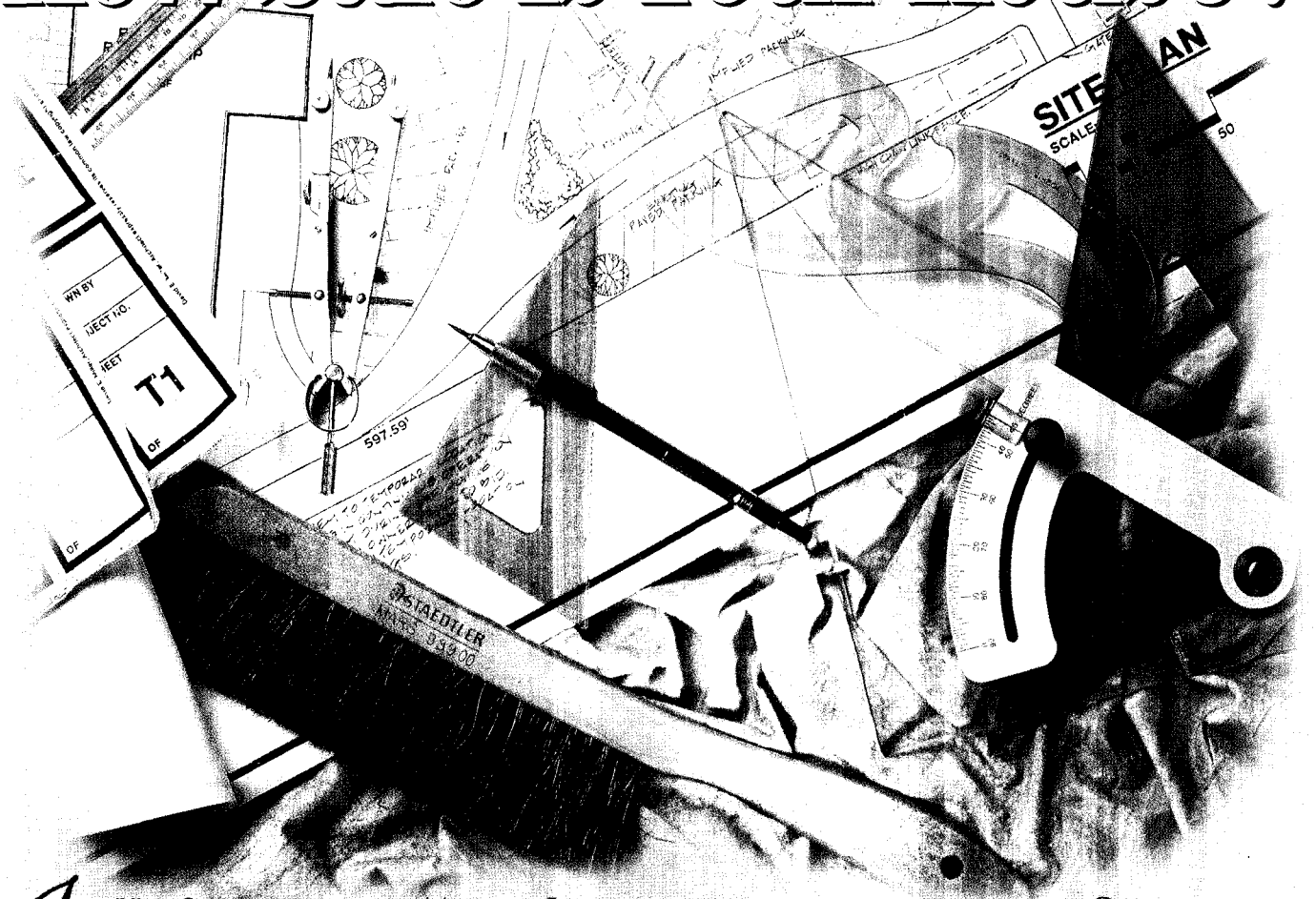

IN HIS SERMON ON THE MOUNT, JESUS SPOKE OF TWO TYPES OF HOUSES: ONE SET UP ON SAND AND EASILY DESTROYED BY ITS HARSH ENVIRONMENT. THE OTHER, CONSTRUCTED ON A ROCK-SOLID FOUNDATION AND ABLE TO WITHSTAND THE FIERCEST OF STORMS.

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The secret garden is what Mary called it. She liked the name, and still more the feeling that when its beautiful old walls shut her in, no one knew where she was.

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READ ALOUD FOR CHILDREN

The Secret Garden

The door to the garden was locked and the key buried.
The young girl was the only one who wanted it to be alive.

by Frances Hodgson Burnett

Condensed and adapted by Nancy S. Axelrad

When Mary Lennox was sent to Misselthwaite Manor to live with her uncle, she wondered why she never seemed to belong to anyone even when her father and mother had been alive. She did not know it was because she was disagreeable and wore such a sour expression.

Mrs. Medlock, her uncle's housekeeper, had never met a child like Mary. All the way from London, Mary sat still without doing a thing. "Do you know about your uncle?" asked Mrs. Medlock.

"No," said Mary, frowning because she was never told anything.

"You are going to a grand place in a gloomy way, and your gloomy uncle, Mr. Craven, is proud of it. The house is 600 years old and it's on the edge of a moor. It has nearly a hundred rooms, and most are locked. There's also a big park with gardens and trees, nothing else.

"Mr. Craven is not going to bother about you. When his wife died so sudden—"

Mary gave a start, though she did not intend to look interested.

"Most of the time he's away, but when he comes home, he shuts himself up in the West Wing."

How dreary, Mary thought ruefully.

When they reached the house, she was led up a broad staircase and down a long corridor to a room with a fire in the hearth and supper on a table.

"This room and the next are where you'll live," Mrs. Medlock said. "See that you don't go wandering about."

"I will not *want* to wander about," said sour little Mary.

Yet when she arose the next morning, and a young housemaid brought her breakfast, Mary began to look around the room. Through the window she saw a great climbing stretch of land which looked like a dull, purplish sea.

"That's the moor," Martha said. "It's lovely when it's warm and the heather's in flower. It smells of honey and there is such a lot of fresh air. My sisters and brothers play there all day. Our Dickon likes to play with the animals for hours."

Mary had never possessed a pet of her own and thought she would like one.

"Now you wrap up warm and run out to play after you finish your porridge," said Martha. "You'll have to learn to play by yourself here."

In a little while, she showed Mary the way downstairs and pointed to a gate. "Go round that way, and you'll come to the gardens," she said. "One of them is locked. No one's been in it for ten years. Mr. Craven shut it when his wife died. He locked the door, dug a hole, and buried the key."

Mary wondered about the locked garden and whether any flowers were alive in it. She set off down the long walk at the end of which stretched a wall with ivy growing over it.

An old man carrying a spade walked through a door at the far end. He did not seem pleased to see Mary, but then she was still wearing her sour expression.

"What's over there?" she asked.

"A garden. The orchard's behind it."

Mary went through two other doors. Above the orchard wall, she could see the tops of trees and a robin sitting on a branch. He burst into song, as if calling to her, then alighted under some shrubs and paused on a small pile of earth to look for a worm. Watching him, Mary saw something buried in the soil. It looked like a ring of rusty iron.

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Her heart thumped quickly, as she snatched it up. It was an old key, perhaps the key to the garden! The robin flew to a branch of ivy. "You ought to show me the door, too," said Mary.

As if the wind had heard her, a gust swept aside an ivy curtain to reveal a doorknob. She put the key in the keyhole and turned it. The door opened slowly, and Mary stepped through the secret garden! Everywhere walls and

"Do you want to live?" inquired Mary. "No," he answered crossly. "But I don't want to die."

trees were covered with thick, leafless stems of climbing roses, and sticking out of the black earth were pale green points which might be crocuses or daffodils.

Mary dug and weeded and enjoyed herself immensely, as the robin chirped. Later, she ate such a dinner that Martha was also delighted.

"I wish I had a little spade," Mary said.

"Whatever for?" asked Martha.

"I thought I could make my own garden," Mary replied.

Martha's face lighted up. "At Thwaite village there's a shop where you can buy garden tools all tied together for two shillings."

"I have more money than that," Mary said. "Mrs. Medlock gave me some from Mr. Craven."

"Dickon can go to the shop for you," Martha said eagerly. "He'll bring you the tools and some flower seeds, too."

The sun shone down for nearly a week on the secret garden. That's what Mary called it now. She liked the name, and still more the feeling that when its beautiful old walls shut her in, no one knew where she was.

When she saw a boy coming through the park, she hurried to meet him. "I'm Dickon, and you must be Mary," he said. "I've got the garden tools and seeds. I can plant them for you, if you like. Where's the garden?"

Mary clutched her hands. "Can you keep a secret?" she asked.

"Aye."

"All right then, follow me."

Mary told about the robin and led the boy to where the ivy grew over the door. "It's a secret garden. I'm the only one in the world who wants it to be alive," she said.

Reverently, Dickon followed her inside to the nearest tree, which held up a veil of rose branches. "There's a lot of dead wood here," he said, "but some new wood, too. Shall I come every day? It's the best fun I could have, waking up a garden." He looked up in the trees and at the walls and bushes.

"Do you like me?" Mary asked.

"That I do, and robin, too."

"There, that's two for me," Mary said happily.

Hearing that Mr. Craven would be going away for a long time, she was happier yet. If he did not come back until winter or autumn, she could watch the secret garden come alive.

It was all she could think of until, lying awake in her bed one night, she heard far-off crying. She took up the candle by her bedside and followed the sound through the long, dark corridor to a door covered with tapestry. Pushing it gently, she found herself standing in a large, handsome room. A candle was burning low next to a four-poster bed on which a boy lay crying pitifully. He looked as if he had been ill.

As Mary drew near, he turned his head. "Who are you?" he asked. "Are you a ghost?"

"No, I am not. I am Mary Lennox. Mr. Craven is my uncle. Who are you?"

"I am Colin Craven, and he is my father."

"Your father!" gasped Mary.

"It makes him wretched to look at me," said the boy, "because my mother died when I was born—"

"And the door to her garden was locked and the key was buried," Mary interrupted.

Colin half sat up. "Who did it?" he asked, as if very interested. "I will make the gardeners take me there."

"Oh, don't—don't!" exclaimed Mary. "I mean, if no one knows but ourselves, and we could make it come alive—"

Colin fell back on his pillow. "I never had a secret, except one about not living to grow up."

"Do you want to live?" inquired Mary.

"No," he answered crossly. "But I don't want to die."

"Good, because I'm almost sure that I can find out how to get into the garden sometime."

"I should—like—that," the boy said drowsily. "I should not mind fresh air in a secret garden."

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The next morning, Mary hurried to meet Dickon. She found him digging in the grass. "Oh, Dickon!" she panted. "I saw Colin!"

The boy stared at her. "I knew I must say nothing about him," he said, "and I don't like having to hide things."

"He says I make him forget about being ill," Mary continued. "Do you think we could bring him here? He likes so to hear about the secret garden."

"It'd be good for him," Dickon replied. "We'd be watching the garden grow, all three of us together."

Days passed as the children made secret plans to transport Colin outside. When the time finally arrived, he was carried downstairs to a wheelchair, near which Dickon waited. He pushed the chair slowly and steadily. Mary walked beside it, and Colin leaned back, lifting his face to the sky to draw in the air's clear scent. In and out among the shrubbery, they followed the carefully planned route to the ivy-covered walls. When they reached the door, Mary felt for the handle.

"Go quickly, Dickon," she said.

Colin shut his eyes. When he opened them, wings fluttered and the sun fell softly warm on his face. Gold, purple, and white—and trees showing pink—were all around him.

"I shall get well!" he cried out.

Mary and Dickon brought him buds which were opening and little twigs with leaves showing green.

"Look!" Colin whispered, pointing a moment later toward the wall.

Mary and Dickon wheeled about to see an old, surly-faced man glaring down at them from a ladder. She explained that a robin had led her to the garden, and Colin shouted, "Do you know who I am?"

"With your mother's eyes starin' up at me, Ben Weatherstaff, o' course I know. You're the cripple."

"I'm not!" Colin insisted. The thin legs and feet stood up on the grass as Dickon held the boy's arm. "This is my garden. Don't you dare say a word to anyone."

"Yes, sir!" The old man's face twisted in a smile. "I come over the wall to do some prunin'. Your mother asked me to take care of her roses if she ever went away."

Colin reached for a trowel lying on the grass and scratched at the earth. Dickon took his spade and dug the hole deeper, while Mary fetched a watering can and the gardener brought a rose in a pot from the greenhouse. "Go ahead. You put it in the earth same as a king does when he goes to a new place."

He broke the pot from the mold and gave it to Colin. His hands shook as he knelt to set the rose in place and held it while old Ben patted the soil. "It's planted!" Colin exclaimed. "And the sun is only slipping over the edge. Help me up, Dickon. I want to be standing when it goes."

From that day on, when it didn't rain, the children spent every hour of daylight in the garden. Buds opened, showing every shade of blue and purple, and Colin was soon walking and running about, shouting that he was well.

The servants were full of tales about the peculiar change in the boy when Mr. Craven returned from his journey.

"Where is Master Colin now?" he asked.

"In the garden, sir. He's always there," came the reply.

Mr. Craven scarcely heard the words. He hurried off toward the ivy walls as the door to the secret garden flung open. Colin burst through almost into his father's arms. "It's the garden that did it!" Colin exclaimed.

The man put his hands on the boy's shoulders and held him still. "Tell me all about it."

The children led him to the garden, while Colin told the story. The listener laughed until tears came into his eyes. When the boy finished, he said, "It need not be a secret anymore, Father. I shall walk back to the house with you."

Mrs. Medlock gave a shriek as soon as she saw them. There, across the lawn, came the Master of Misselthwaite, and by his side, with eyes full of laughter and walking steadily as any boy in England—Master Colin!

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BILLY GRAHAM: REACHING 2.5 BILLION PEOPLE

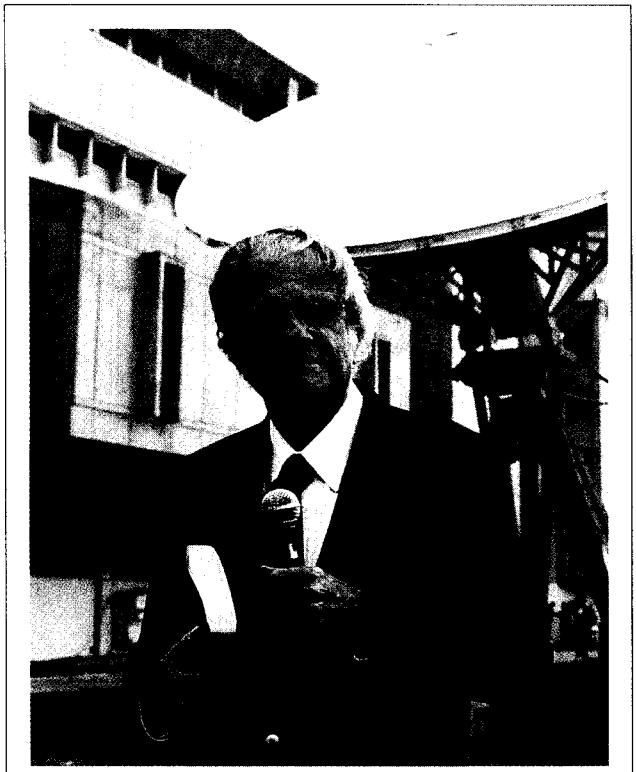
The evangelistic programs will be broadcast in 42 languages via satellite on national TV networks in more than 160 countries.

by Dan Wooding

He may be 77 years of age and have debilitating Parkinson's disease, but that will not stop Billy Graham from "reaching for the sky" during April with the most ambitious world outreach of his more than 50 years of evangelism.

His "Billy Graham World Television Series" will be broadcast during prime time in every country of the world and will bring the gospel to more people on a single day, April 14, than on any previous day in history.

This confidante of presidents and icon of American life explained, "We anticipate reaching 2.5 billion people, most of whom we could never reach through our usual crusade ministry. I believe this will have a far greater impact than anything we have ever done before."



Global satellite links will enable Billy Graham in April to reach the largest audience ever assembled. The potential, the evangelist says, is humbling.

Two thirds of the world's population, including some countries traditionally opposed to the proclamation of the Gospel, will be able to see a special evangelistic program featuring Graham. The crusade will be broadcast in 42 languages on national TV networks in more than 160 countries. It will also be broadcast on two of the largest intercontinental satellite networks in the world, STAR-TV and SKY-B.

The telecast will be hosted by Sir Cliff Richard and includes cameo testimony appearances by former President Jimmy Carter and former Congressman and Ambassador Andrew Young.

"Cry from the Mountain"

Two hour-long dramatic films also will be used in the outreach. "Cry from the Mountain," set in the Alaskan outdoors, is the story of a man preparing to tell his ten-year-old son of the man's pending divorce. "Power-Play" is the story of a young attorney and a professional ice hockey star who struggle to find meaning in their lives while caught up in the demands of their affluent lifestyles.

Through a program called Operation Matthew, one million churches have been invited to participate in this outreach, mobilizing their members to invite guests into their homes to view the program and listen to Graham's message with them.

Following this, they will discuss the Gospel message—using 445 million pieces of literature, including house-party discussion guides in many languages—and their guests will have an opportunity to make a personal commitment to Christ. Many others will videotape the series and then show it to friends in their homes.

"During a typical crusade, people would usually hire buses to bring people to the meeting, but now they will be able to invite guests into their homes to hear Billy Graham's message, and view the other programming," stated Bob Williams, director of the "World Television Series."

In 1957, Graham began using television to take the Gospel into homes across America. Now, using today's advanced technology, his ministry has come full circle, enabling him to take his message into millions of homes around the world.

Graham, who has already preached in person to more than 210 million people in live audiences during his half-century of Gospel crusading, added, "I am humbled by the awesome potential of this around-the-world evangelistic opportunity."

Graham still smiles as he remembers his first big break, which took place in 1949 during his historic Los Angeles crusade. It was then that newspaper baron William Randolph Hearst sent out his famous instruction to all of his newspapers: "Puff Graham."

Prodigal Restored

There was no white smoke from the chimney of the hotel in Florida where board members of the Billy Graham Evangelistic Association (BGEA) were meeting, because their equivalent of the Sacred College of Cardinals had made the decision on who would take the reins of the ministry when Billy Graham was unable to continue.

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The noted evangelist had acknowledged his increasing physical limitations and recommended to the BGEA board that his former "prodigal son," Franklin, now 43, take the leadership of the ministry if he became incapacitated.

Despite the lack of Vatican-like smoke, Graham, on November 7, his 77th birthday, decided that his controversial son—who has a penchant for riding his Harley-Davidson motorcycle, wearing jeans and cowboy boots, flying his airplane, and collecting guns—should be named first vice president in the evangelistic organization, with the right to succeed if his father could not carry on. Ultimate authority is still in the hands of BGEA's board of directors.

Graham, his piercing-blue eyes shining with pride, said, "As a father, I am both proud of his capacity for leadership and humbled in gratitude for the Lord's blessing on him."

Rebel with a Cause

But it wasn't always like that. In his autobiography, *Rebel with a Cause: Finally Comfortable Being Graham*, Franklin, the elder of two sons—the other is Ned, who runs a ministry in China and North Korea—recalls his smoking, drinking, and fighting.

While his father was evangelizing around the world, the task of raising Franklin was left to Ruth Graham, born of missionary parents in China. It turned out to be a trial of strength, which the determined mother usually won.

Franklin's early behavior, such as leading police on high-speed chases and being kicked out of LeTourneau College in Longview, Texas, caused untold embarrassment and heartbreak to his parents.

In an afterword to *Rebel with a Cause*, Billy and Ruth Graham wrote, "We understood how difficult it must have been to have a well-known dad, yet we knew the rebellion was not against us personally. The girls would marry and take other names. The boys were stuck with Graham.

"The fact that while we knew that he smoked he would never smoke around us revealed this innate respect. Instead, at home, he would smoke in his room, blowing the smoke out of the window, unaware the updraft from the valley carried the telltale smell of a cigarette right back to our bedroom window."

The Grahams added that Franklin was surrounded by people who really cared about him just as he was.

"In short," they wrote, "Franklin didn't have a chance. He had been given to God before his birth, and God has kept His hand on him without letting up all these years."

Franklin's days of rebellion finally ended at age 22, when he got his parents to allow him to drive a truck to a mission effort in Jordan. He tells the story of how he had one hand on the steering wheel and the other on a bottle of booze.

When he arrived in Jordan, he said he realized that he was "sick and tired of being sick and tired," and so he followed the advice his father delivered to millions through his crusades: he accepted Christ.

"Mom's White Hair"

Franklin once told a group, "If my mom has white hair, it's because of me!" To which she replied, "Don't take all the credit, son. Age has something to do with it."

She added, "And with age has come the ever-growing, ever-deepening awareness of the relevance and the assurance of God's promises. Not once has He failed.

"When folks say, 'You must be proud of Franklin,' we realize that it is not a matter of pride, but of gratitude to God for His faithfulness.

"With God, nobody's hopeless."

Indiana Jones

Franklin Graham's swashbuckling style has prompted some Australian Christians to label Franklin as "The Indiana Jones of Evangelists." Franklin has accepted the invitation to preach in March at Festival '96 in Australia, in Brisbane and Sydney and surrounding cities.

But preaching is only a part of Franklin's work these days. He has put his swashbuckling energies into charitable Christian work overseas. As president of Samaritan's Purse and World Medical Mission, he is regularly on the front line of some of the world's most dangerous hot spots like Rwanda and Bosnia, dispensing medical supplies and the Christian message to the survivors of these terrible wars.

In a recent interview with the *New York Times*, Franklin said that once he succeeds his father as the evangelistic association's chairman and chief executive, he will "run the preaching events as a team effort, bringing in men his age to share the work." ■

Dan Wooding is an award-winning British journalist, the author of 31 books, and a commentator on the UPI Radio Network in Washington, D.C.

Graham's son Franklin has been designated as his heir apparent and is expected to succeed him as head of the Billy Graham Evangelistic Association.

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RELIGION IN AMERICA

ASSEMBLIES: REACHING OUT TO PEOPLE IN NEED

"America is great because she is good. If America ever ceases to be good, America will cease to be great."—Count Alexis de Tocqueville

by Peter K. Johnson

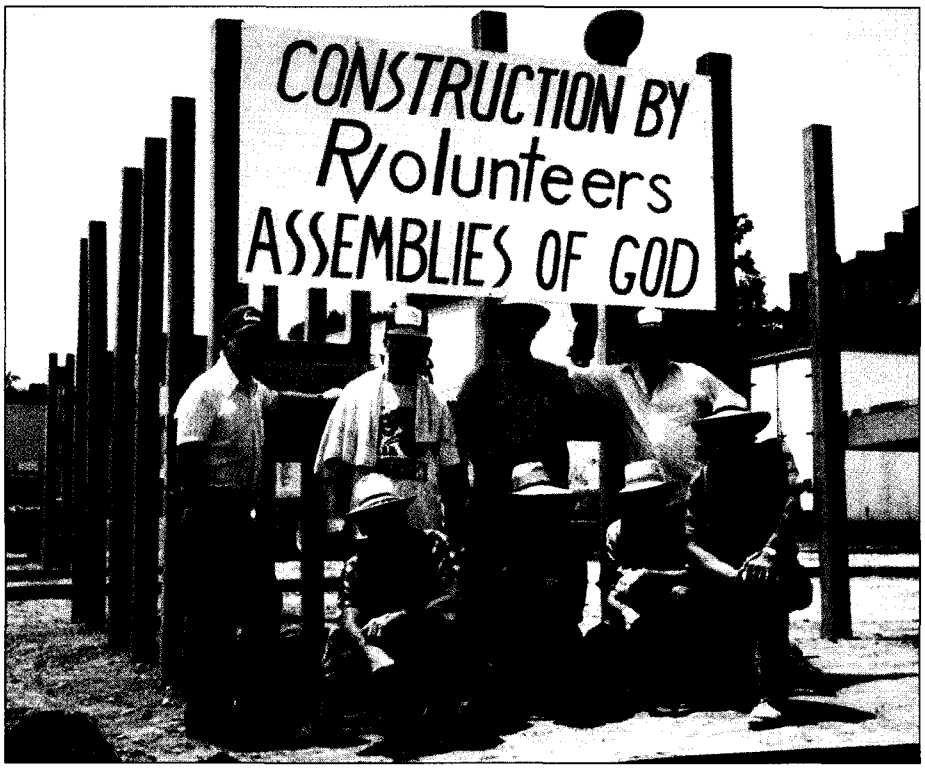
Editor's Note: *When Count Alexis de Tocqueville came from France to visit America in 1846, so impressed was he with our large number of churches and their activities that he wrote: "America is great because she is good. If America ceases to be good, America will cease to be great."*

The phenomenal development of volunteerism in America came, according to de Tocqueville, because on every corner of Main Street in every small town in America, one found a church.

In the years since de Toqueville's astute appraisal of the American scene, things have changed. Big government, subsidizing single teenage mothers for the past several decades, has encouraged unwed, government-supported single mothers to have thousands of babies. A generation of youngsters brought up without fathers now fill our jails and fill drug traffickers' coffers. We have reaped a wild harvest.

In the forefront of the battle to counteract this destructive trend, churches work to abate illegal drug abuse, child abuse, and crime. Reaching out to redeem and rehabilitate the fallen are numerous ministries in America's prisons.

With this issue profiling the Assemblies of God denomination, the Post *begins a series of articles on churches and synagogues in America and the part they have played in making America a great country and keeping it great. Also coming in the* Post *will be a series on Alexis de Tocqueville, the philosopher and historian, whose awesome predictions for our country are coming to pass.*



Hundreds of recreational-vehicle-owner volunteers from around the country gather and use their construction skills to help inner cities. The group is a division of the home missions of the Assemblies of God denomination.

"I hit bottom in 1988," recalls Harry Carrillo. A dark world of violence and drugs bore a pit of despair in Harry's heart.

Serving four years in prison for sticking up a convenience store couldn't cure his 18-year heroin habit. Yet today, Harry is drug-free and a model citizen who looks forward to graduating soon from Central Bible College in Springfield, Missouri. After college, he will become a minister and work in a drug-rehab center, helping other troubled people find hope.

A team of American physicians and nurses fly on a medical mission to El Salvador, where they will perform 75 surgeries in five days, helping children and families with limited access to modern healthcare.

All these people are members of the Assemblies of God—a church which is also tackling such troubling issues as drug abuse, alcoholism, declining moral values, the breakdown of the family, and poverty.

"No entity can better address these problems than the church," says Thomas E. Trask, general superintendent of the denomination. "At the local church level, there is a greater emphasis today on feeding and clothing the poor. I see more activity to demonstrate the gospel, rather than just preach it."

Revival Tabernacle, located in a former porn district in downtown Detroit, is blessed with a fiery band of Christians working harmoniously to win the city for God. The diverse

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Assemblies of God member Shawntel Smith, 1996 Miss America, travels 20,000 miles a month advocating "school-to-work" solutions, preparing today's students for tomorrow's workplace.

church is a refreshing example of racial harmony. People care and pray for each other. As one member says, "We don't see any differences between blacks and whites because of Christ."

Needy families, teenagers, drug addicts, and street people pour into the church's outreach center every week for hot meals, bags of food, and clothing—1,300 meals are served monthly. Former drug addict Joe Fuller first dropped in because he was hungry. "When I came through the door, I felt people cared," he says. For years, Fuller lived by his wits stealing what he needed and sleeping in abandoned buildings. Now a volunteer, he says, "A lot of people that come into the center have seen me when I was running the streets. If it wasn't for Jesus in my life, I would be hopelessly lost."

David Sword is one of many Revival Tabernacle members committed to helping the community. A high-school math teacher in Detroit, he moved with his wife from the suburbs to the inner city. He is white and lives in a neighborhood that is 93 percent African-American. "People did think we were crazy, but you have to be obedient to the Lord," he says.

Helping the less fortunate through church-related programs is a national trend at the core of much political debate in Washington. John Ashcroft, U.S. Senator from Missouri and a well-known Assemblies layperson, has proposed a welfare-reform package that would allow states to contract with intermediary organizations such as the Salvation Army and other churches to deliver services to the needy. The proposal also demands tax credits for citizens who volunteer at least 50 hours per year in charitable and community organizations serving the needy.

"It is time to give states the resources, charities the opportunity, and citizens the incentive to help move people from dependence to independence," Senator Ashcroft says.

U.S. Representatives Linda Smith and Todd Tiahrt, also members of the denomination, share Ashcroft's view that the church can be a vital force in alleviating social ills. "We, through the love of God, should be taking care of people," Congressman Tiahrt says.

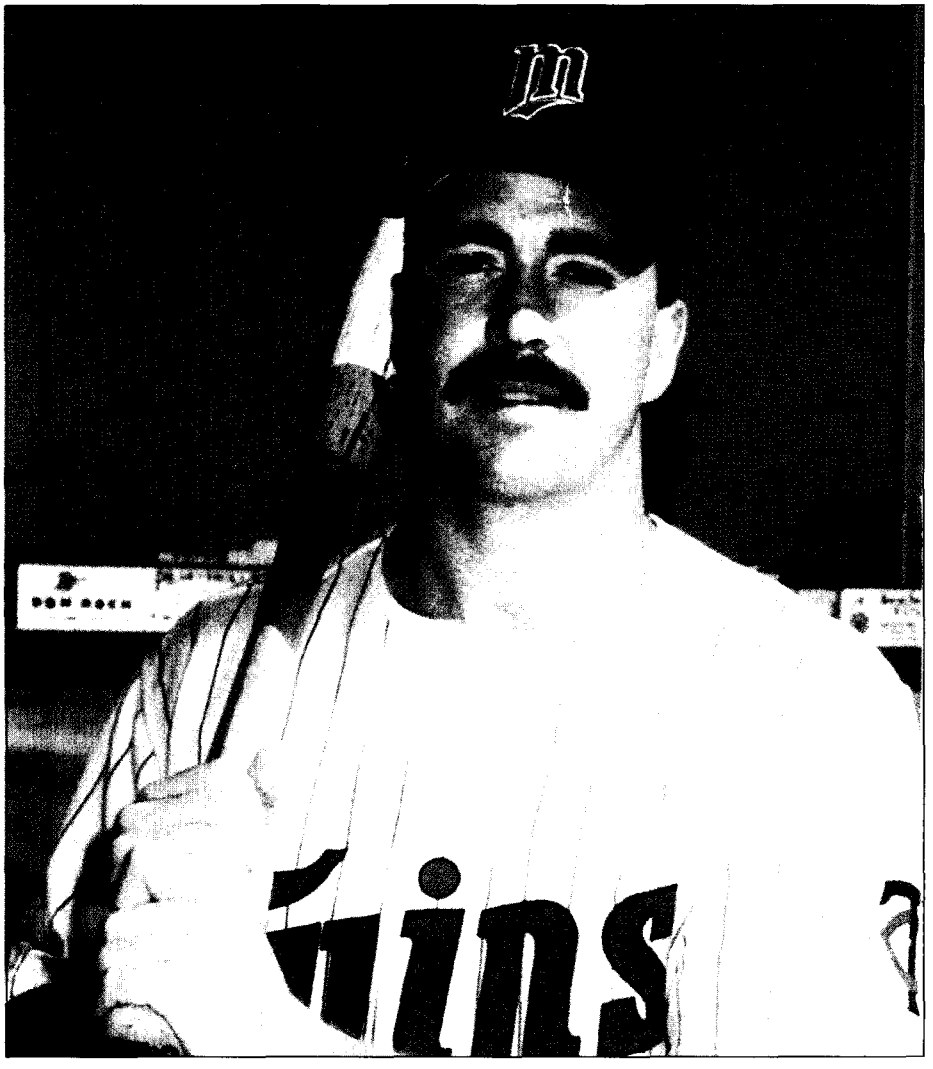
Through its Teen Challenge drug-and-alcohol rehab program, the Assemblies of God has worked with troubled youth and adults since 1958. Teen Challenge runs 127 centers in 42 states and Puerto Rico.

Teen Challenge teaches that the key to abstinence from substance abuse is a personal relationship with Jesus Christ, or being born again, based on Jesus' quote in the Bible: "I tell you the truth, unless a man is born again, he cannot see the kingdom of God" (John 3:3). The experience has given some addicts the motivation and power to kick the drug habit and develop a new way of living.

"When I think of Teen Challenge, I think of when nobody cared but God," Harry Carrillo says. "When nobody else wanted to help me, He was there."

A 1994 study by the University of

continued on page 72



World Series baseball veteran Brian Harper attends the 10,500-member Phoenix First Assembly of God church.

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The Post Investigates

MANIC-DEPRESSION

Dr. Kay Redfield Jamison, a brilliant researcher, author, and professor of psychiatry at Johns Hopkins, is also a manic-depressive.

by Cory SerVaas, M.D.

Illustrated by Don Trawin

Manic-depression, also currently known as bipolar disorder, has baffled medical practitioners for thousands of years. Observers as far back as Plato have written of its strange behaviors and its apparent link to creative genius. Only in the last 40 years have doctors been able to treat manic-depression effectively, using lithium and other drugs. Yet, of the estimated 2.2 million Americans suffering from the disorder, more than two thirds are not receiving medical attention today: a fifth of these untreated manic-depressives will end their lives in suicide.

*__Bipolar I__: Because manic-depressive patients suffer from different degrees of mania, psychiatrists classify the severe and heightened mania with swings to depression as bipolar I. The cyclical, recurrent episodes of mania can range from moderate euphoria to inappropriate excitement, exaggerated feelings of grandiosity, and dangerously poor judgment.

*__Bipolar II__: With less exaggerated forms of mania (hypomania) before swings to depression, patients are classified as bipolar II.

*__Unipolar__: The name is given to patients with the hereditary form of mood disorder in which the illness is characterized by recurrent episodes of depression without mania.

All the above categories of patients differ in the length of time between episodes, a phenomenon referred to as cycling.

It is important to recognize and diagnose these forms of hereditary mood disorders. Once diagnosed properly, patients can be treated with lithium and other drugs that have been shown to be effective for bipolar and unipolar illnesses.

In this issue, the *Post* calls attention to this very different kind of mental illness because it has its own special medical treatment. Manic-depression is a lethal disease that is very treatable. It is found in a family's genes.

We are inviting readers who recognize some manic-depressive symptoms in family histories to help further research by sending in the questionnaire on page 51.

Dr. Kay Redfield Jamison, professor of psychiatry at the Johns Hopkins University School of Medicine, is herself a manic-depressive patient.

In her new book, *An Unquiet Mind*, she tells in beautiful prose what manic-depression does to the mind. Only a patient could so exquisitely describe the roller-coaster life and the helplessness to control emotions that manic-depressive patients endure. Her interview with the *Post* follows:

Dr. SerVaas: You mention in your book that it is hard for someone, even

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for a physician who isn't a manic-depressive, to understand the problem as well as one who is. How old were you when you first realized that you were different from your friends? Did you start as a preteen or as a child having episodes of euphoria or depression?

Dr. Jamison: No, I don't think so. I think it was more that I was always a very intense child. I was really pretty normal until I was about 17, which is not uncharacteristic for a manic-depressive. A lot of people have problems earlier, but a lot also don't really get sick until their late teens or early 20s. When I first got really sick, like a lot of people, I didn't put it in terms of having an illness; I just knew something was very wrong with me.

Dr. SerVaas: A lot of children are given drugs such as Ritalin for attention deficit disorder. Do you think that quite often it may be the beginning of manic-depression instead?

Dr. Jamison: Certainly, children can get manic-depressive illness, and sometimes some of the symptoms of hyperactivity can look like mania and the other way around. That's one of the reasons why you should really be evaluated by somebody who knows what he or she is doing. The medication and treatments are very different, depending on whether you have a mood disorder or attention deficit.

Dr. SerVaas: Lithium is the best-known treatment for manic-depression. Is it true that lithium is more likely to be effective in cases where there is a family history of manic-depression?

Dr. Jamison: Yes. That's certainly true, and there are certain kinds of manic-depressive illness where you have generally more euphoria in your manias and certain other patterns within the illness itself in which you're more likely to respond to lithium. What's great now is that there are several treatments available, whereas before there was only lithium. Two other major drugs that are used in manic-depressive illness are Depakote, manufactured by Abbott Laboratories, which was developed for epilepsy but turns out to work well on manic-depressive illness, and Tegretol [Basel Pharmaceuticals], another drug that has also been used for seizure disorders.

Dr. SerVaas: Are there countries where there is less manic-depression because of a higher lithium content in the soil?

Dr. Jamison: No. People used to talk about that being true in parts of Texas—more lithium in the drinking water and so forth. But the concentrations are so low there, there wouldn't be any clinical impact.

Dr. SerVaas: How about areas where the suicide rate is high, such as in Scandinavian countries? Might lithium be playing a role?

Dr. Jamison: No. Just the rate of manic-depressive illness is probably higher there.

Dr. SerVaas: Are there any environmental factors that may be detrimental to manic-depressives? There's a doctor in West Palm Beach, for example, who is convinced that NutraSweet [aspartame] is bad for his epilepsy patients.

Dr. Jamison: There is nothing like that demonstrated for manic-depressive illness. It really seems to be genetic and sometimes, certainly the initial episode, can be triggered by drug abuse, but it doesn't seem to be the case that there is anything causative in the environment per se.

Dr. SerVaas: Is it true that manic-depression is very often apt to get worse as the patient gets older?

Dr. Jamison: Yes, if it is left untreated.

Dr. SerVaas: You have gone public about your disease. If you had a manic-depressive patient who wanted to go public and really help the cause,

Dr. Jamison and Dr. Mogens Schou, the famous Danish researcher who developed lithium treatment, once compared their pedigrees on the backs of table napkins, filling in squares and circles to indicate family members with manic-depression and other mood disorders. After a short time, Dr. Schou took one look at Dr. Jamison's family tree and promptly conceded the "battle of the black boxes."

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Nothing in Kay Jamison's early years foreshadowed the illness that was to come. She was a happy child, a gifted student, and a talented athlete.

how would you counsel that patient?

Dr. Jamison: In this age, I would counsel caution, because there is still a tremendous amount of stigma and discrimination. I think there is no question that is true. It is one thing to face your family and another to face the world and employers and so forth. Actually, one of the things that has been very nice for me is discussing this in more depth with my own family, nephews, and nieces. Not that we haven't talked about it before, but the book causes us to talk about it a lot more, and it has been wonderful. I think the younger people in the family have ended up feeling a lot more optimistic as a result of knowing that things can work out well.

Since manic-depression is genetic, you really want kids to know that there is a certain risk. If they start getting depressed, they know that they've got an illness that can be treated; they can go to a doctor and get good care. What was so frightening for me when I got sick and for so many other people whom I have treated is that they didn't have any idea what was going on. It just came out of the blue and was so awful, so devastating that there was no context in which to put it. To the extent that family members can be honest with one another, that can be enormously helpful to the younger generation.

There is no reason to have stigma attached to this disorder, but that doesn't mean that there isn't. One of my hopes in writing the book was that it would make it easier for people to talk about manic-depression. And one of the things that has been very nice is that—at least in some situations—I feel that there has been more public discussion about manic-depressive illness than there was before. That is the whole point of doing it, because it is a very lethal disease if it is left untreated, and it is very treatable.

Dr. SerVaas: Patty Duke wrote about her manic-depression in *Call Me Anna.* Did she accurately describe the illness?

Dr. Jamison: Yes. I think overall her book was very helpful, because it made people aware of an illness that they ordinarily didn't talk about. A lot of people paid attention to Patty Duke who wouldn't pay attention to someone else. Her reaction to lithium was that she took it, thought it was wonderful, and everything was great. My sense is that's true for some people. In fact, for myself that's true, but it's generally a lot more difficult than that. It's a very complicated illness. I think what she perhaps didn't address was some of the complexities and how the disease overlaps with personality and temperament. People need to hear from a whole lot of different types of people. My hope is that by having a professional reach out, it will take away some of the stigma by saying, "This is a doctor who has it."

Dr. SerVaas: You've written about the ongoing search for a manic-depressive gene. Could you tell us about the Dana Foundation and the Genome Project?

Dr. Jamison: It's the Charles A. Dana Foundation in New York. The chairman is David Mahoney, a very

Kay's mother and brother Dean, a UCLA professor, are both free from mood disorders. A sister, however, had "a fierce temper" and "very black and passing moods," and Jamison's father, an Air Force officer, was probably a manic-depressive.

Jamison at about age 32. Like many manic-depressive patients, she was addicted to the "highs" of the disease and had difficulty staying on her medication. When she went off lithium, she slipped back into the familiar pattern of mania and deep depression.

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big-time businessman who used to be chairman of the board of Norton Simon. He became interested many years ago in neuroscience and the study of the brain, and has given huge amounts of money to brain research. Both the center at Harvard and the one at the University of Pennsylvania are named after him. Presently, the Dana Foundation is funding a study of genetics of manic-depressive illness that is a collaborative research program between Johns Hopkins, Stanford University, and Cold Spring Harbor Laboratory in New York.

Dr. SerVaas: You are on an advisory group there. Is that a very active group for you?

Dr. Jamison: Yes it is, and the Genome Project is an extremely active, ongoing scientific program in Washington, D.C.

Dr. SerVaas: What benefits do you see coming from the present gene research?

Dr. Jamison: From the point of view of somebody who is both a scientist and a patient, I think the answers to what causes so many illnesses are going to flow from the genetic studies. You can see almost every week that they are coming up with a new gene. It is a very exciting time in research.

Nineteenth-century poet Lord Byron's family tree was indicative of manic-depressive illness. Byron's genealogy reveals a psychiatric history of suicide, temper, and recurrent melancholia—common features of manic-depressive illness. Dr. Jamison explores the relationship between creative temperament and manic-depression in some of history's most famous artists, musicians, and authors in her book *Touched With Fire* (Simon & Schuster, New York).

Dr. SerVaas: Do you see gene treatment many decades away or maybe within our lifetime?

Dr. Jamison: Absolutely within our lifetime.

Dr. SerVaas: Will treatment be available in which we would manipulate the gene that causes manic-depression?

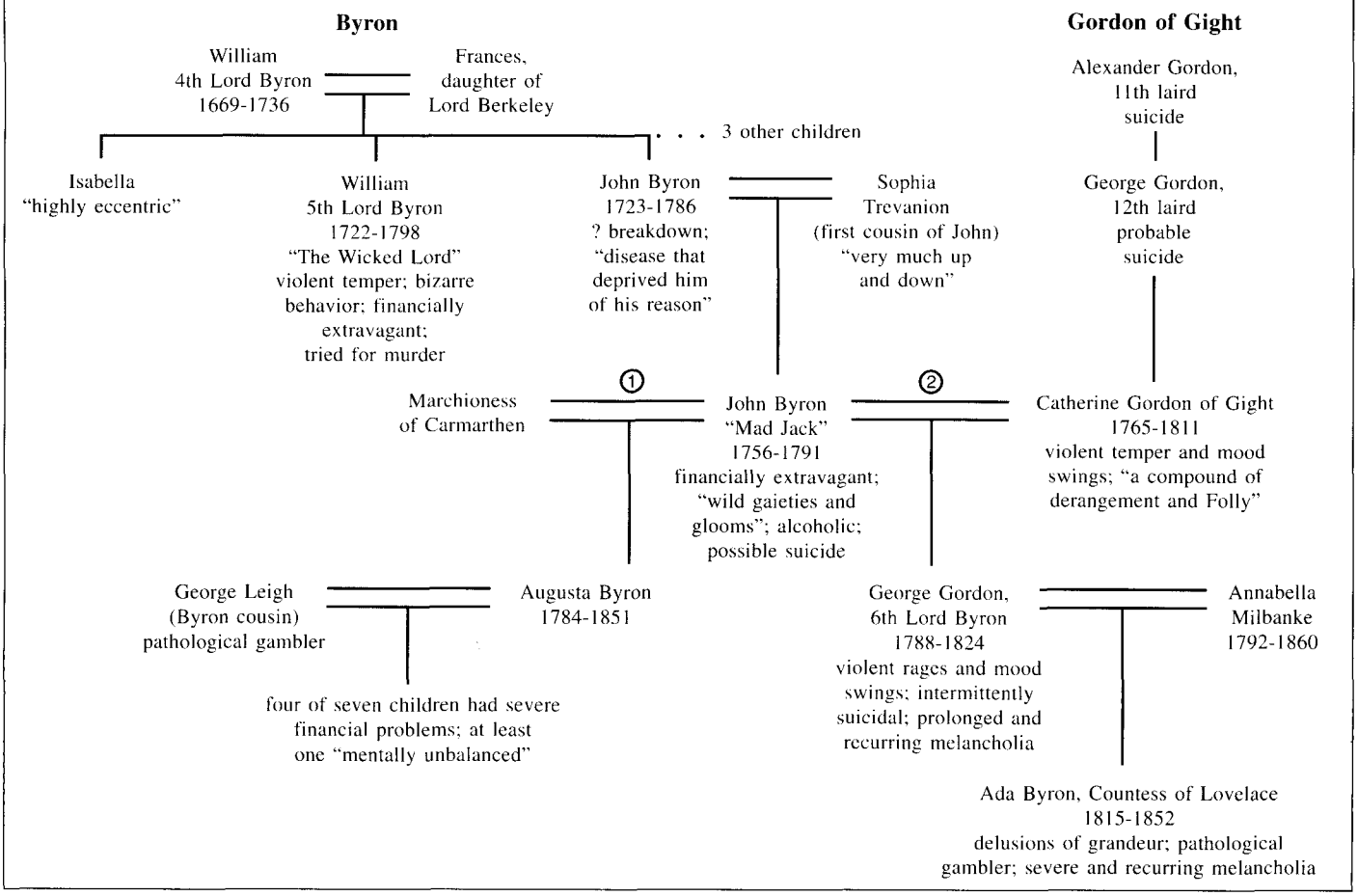
Dr. Jamison: Yes, or certainly there will be drug treatments based on what we find out about the causes of manic-depressive illnesses and other psychiatric illnesses.

Dr. SerVaas: In your book you mention MRI and CAT scans. Are these tools useful in diagnosing manic-depressive states?

Dr. Jamison: They are not so useful in diagnosing as in studying. The major way of diagnosing manic-depressive illness now is through a very extensive clinical interview. I

continued on page 78

George Gordon, Lord Byron, Partial Family History


Byron
Gordon of Gight
William 4th Lord Byron 1669-1736
Frances, daughter of Lord Berkeley
. . . 3 other children
Alexander Gordon, 11th laird suicide
Isabella "highly eccentric"
William 5th Lord Byron 1722-1798 "The Wicked Lord" violent temper; bizarre behavior; financially extravagant; tried for murder
John Byron 1723-1786 ? breakdown; "disease that deprived him of his reason"
Sophia Trevanion (first cousin of John) "very much up and down"
George Gordon, 12th laird probable suicide
Marchioness of Carmarthen
①
John Byron "Mad Jack" 1756-1791 financially extravagant; "wild gaieties and glooms"; alcoholic; possible suicide
②
Catherine Gordon of Gight 1765-1811 violent temper and mood swings; "a compound of derangement and Folly"
George Leigh (Byron cousin) pathological gambler
Augusta Byron 1784-1851
four of seven children had severe financial problems; at least one "mentally unbalanced"
George Gordon, 6th Lord Byron 1788-1824 violent rages and mood swings; intermittently suicidal; prolonged and recurring melancholia
Annabella Milbanke 1792-1860
Ada Byron, Countess of Lovelace 1815-1852 delusions of grandeur; pathological gambler; severe and recurring melancholia

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Genetics and Manic-Depression

To learn more about the genetics of manic-depression, we turned to John Nurnberger, Jr., M.D., Ph.D., director of the Institute of Psychiatric Research at Indiana University and professor of psychiatry and medical neurobiology at the Indiana University School of Medicine.

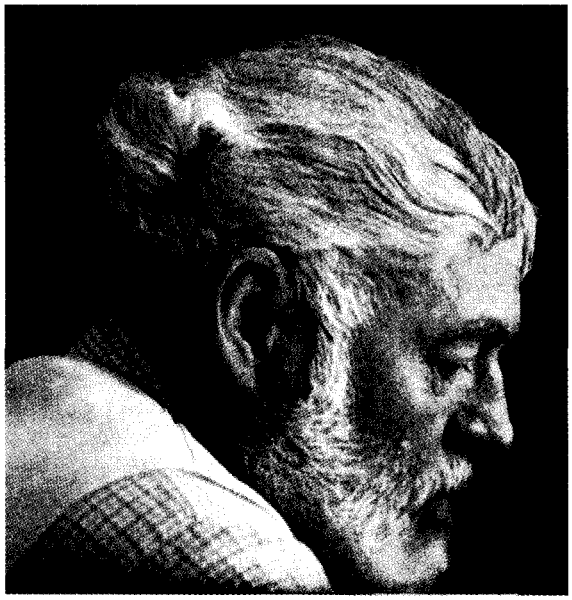
Post: Could you explain the evidence that manic-depressive illness is hereditary?

Dr. Nurnberger: Well, we know there are inheritable or genetic factors involved with these disorders. For instance, the disorder is very much more likely to happen in one twin if the other twin has the disorder. You also see the same kind of preponderance in families of people who have the condition, and you see it in adoption studies. If a person is adopted from a family and develops the disorder, and you trace back to the biological family, it's more likely you'll see the illness occurring in the biological family of a person with depression than you will in a biological family of somebody else.

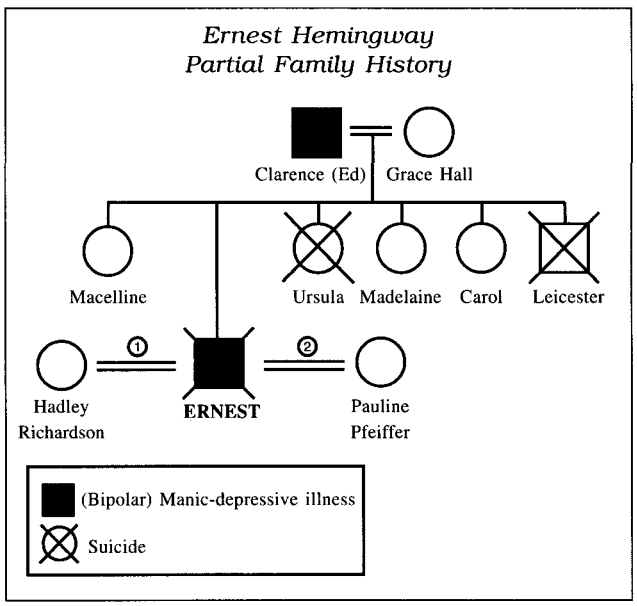
The genetic determination of these disorders is about two thirds. In other words, about two thirds of the variance in whether somebody is likely to get the disorder or not is probably related to genetic factors. This means another one third of the variance is probably environmental. We don't understand very well yet what the specific genetic factors are, nor do we understand what the specific environmental factors are that may cause this in some people.

Post: What studies are you working on now in this area?

Dr. Nurnberger: The studies at the Institute relate to primarily genetic factors that may be involved in predisposing people to develop bipolar or unipolar disorder. The current evidence in the field suggests there may be a mixture of genes causing these disorders. There is evidence for genes on chromosome 18, X, 11, and 21 as well as some evidence for other areas, but those areas are the ones most likely implicated at present. It seems to be a complex pattern of inheritance. The other thing we are looking at is the effect of stress in causing depression. We have been studying animal models to look at the effects of stress.



Ernest Hemingway's family, like that of writer Alfred, Lord Tennyson, was filled with depressive and manic-depressive illness. There were four suicides in just two generations of the family: Hemingway's father, brother, sister, and Hemingway himself. Hemingway's father was a physician who clearly suffered from violent mood swings and erratic behavior. In *Touched With Fire*, Dr. Jamison wrote, "Similar rages, feverish enthusiasms, and morbid depressions—in addition to ceaseless frenetic, restless energies—haunted his son Ernest's life as well." Ernest took his life with a gun in 1961.



Post: Are some populations more prone to bipolar disease than others?

Dr. Nurnberger: That's a difficult question to answer, because it's not clear that the same methods of diagnosing these disorders have been used in different populations. There is some evidence that some populations have relatively higher rates of mania. The Amish have been studied quite intensively, and it does appear, in the Amish in Pennsylvania, that the rate of bipolar disorder is about equal to the rate of unipolar disorder, which would mean that mania may be relatively more common in that population. Also in the Mediterranean populations that have been studied, it appears as though the relative incidence of mania is higher. In Scandinavian populations, it appears that the relative incidence of depression is higher. But again, it's somewhat hard to compare different populations unless you're really clear that you're using exactly the same methods of diagnosing.

Post: What is the prevalence of depression?

Dr. Nurnberger: It depends on how you define depression as to how many people are affected. In its milder forms, you may be talking about 40 percent of the population who, at one time or another in their lives, have symptoms of depression. In its severe, incapacitating forms, it's more like seven percent of the population. In manic-depressive illness, which has highs as well as lows, it's more like one percent.

Post: Can you describe these severe, incapacitating cases?

Dr. Nurnberger: An incapacitating depression is a state that lasts for weeks or months and involves sadness, inability to enjoy anything, and changes in sleep and appetite. There may be increased sleep and appetite or decreased sleep and appetite. There may also

continued on page 80

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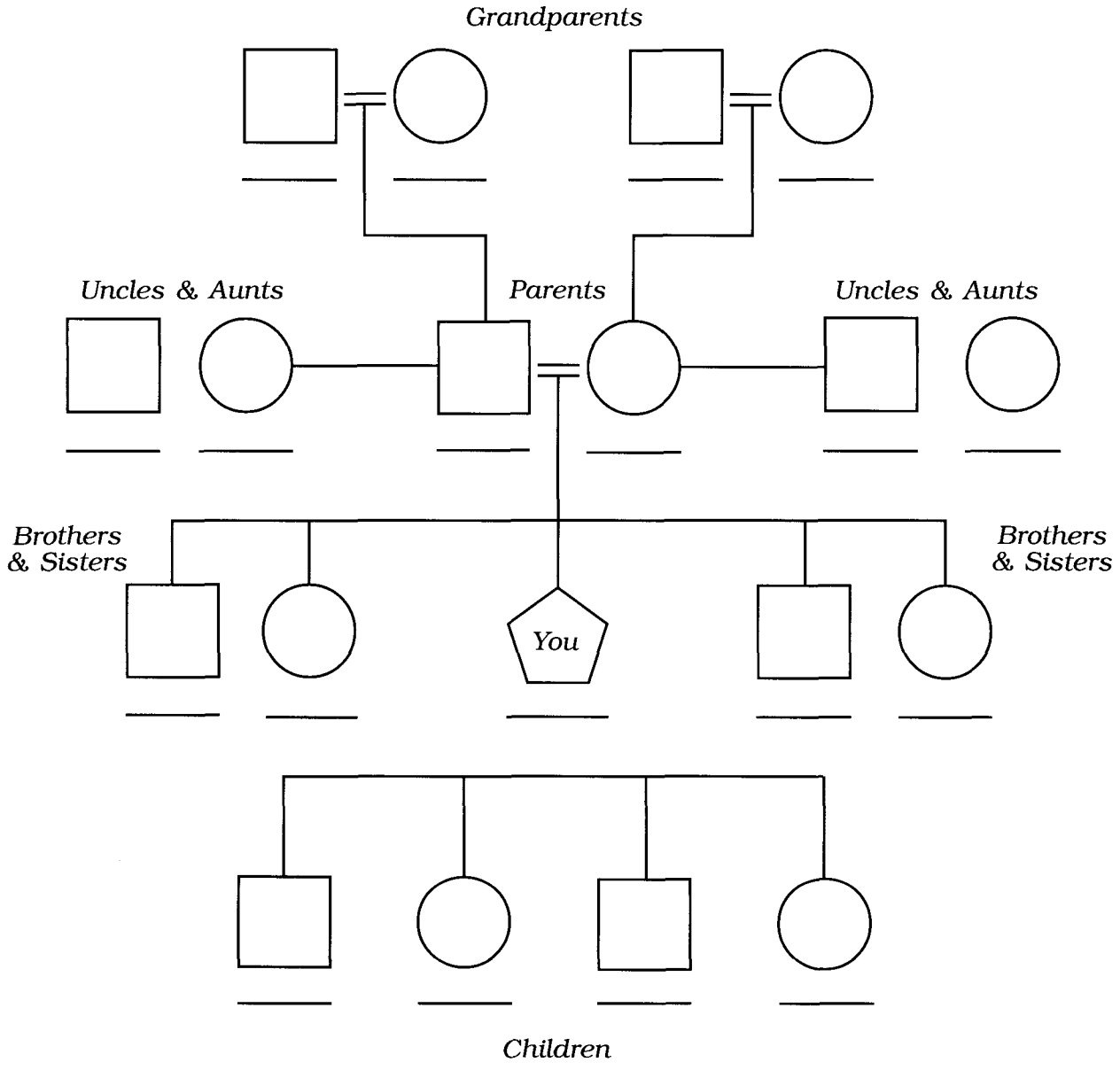
MOOD DISORDER FAMILY TREE

If four or more members in your family tree have had symptoms of manic-depression, you could help researchers who study the genetic causes of the disease by filling out this chart.



- (Bipolar) Manic-depresssive illness
- Recurrent depressive illness
- Suicide
- Hospitalization for rage, unstable mood, and/or psychiatric hospitalization
- Deceased

Male *Female*

Please follow the symbols on the left. On lines under symbols above, please write name and age of relative now or at time of death.

All disclosed information is confidential and for professional research only.

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*** One out of five manic-depressives who are untreated will commit suicide.**

*** Manic-depression can be treated with lithium and other medications.**

*** Manic-depressive illness, also known as bipolar disease, is not difficult to diagnose.**

*** Family members are benefited if they are aware of the genetic nature of manic-depression. At the first signs of the disease, young people should know that treatment is available.**

*** The first symptoms of manic-depression often appear in the late teens and early 20s.**

"Now we recognize that bipolar disorder is a medical disorder. It's similar to diabetes or hypertension or to thyroid disease: it results from chemical abnormalities. It can be treated with medication. People who have this illness are just like everybody else when the mood disorder is controlled."—*JOHN NURNBERGER, M.D., PH.D.*

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AN UNQUIET MIND

"A riveting portrayal of a courageous brain alternating between exhilarating highs and numbing lows."—James D. Watson, Nobel laureate and author of The Double Helix

by Dr. Kay Redfield Jamison

Editor's note: *Anyone wishing to understand manic-depression should read the works of Dr. Kay Redfield Jamison. Here we reprint excerpts from her most recent book,* An Unquiet Mind, *published by Alfred A. Knopf, New York.*

Flights of the Mind

There is a particular kind of pain, elation, loneliness, and terror involved in this kind of madness. When you're high it's tremendous. The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones. Shyness goes, the right words and gestures are suddenly there, the power to captivate others a felt certainty. There are interests found in uninteresting people. Sensuality is pervasive and the desire to seduce and be seduced irresistible. Feelings of ease, intensity, power, well-being, financial omnipotence, and euphoria pervade one's marrow. But, somewhere, this changes. The fast ideas are far too fast, and there are far too many; overwhelming confusion replaces clarity. Memory goes. Humor and absorption on friends' faces are replaced by fear and concern. Everything previously moving with the grain is now against—you are irritable, angry, frightened, uncontrollable, and enmeshed totally in the blackest caves of the mind. You never knew those caves were there. It will never end, for madness carves its own reality.

It goes on and on, and finally there are only others' recollections of your behavior—your bizarre, frenetic, aimless behaviors—for mania has at least some grace in partially obliterating memories. What then, after the medications, psychiatrist, despair, depression, and overdose? All those incredible feelings to sort through. Who is being too polite to say what? Who knows what? What did I do? Why? And most hauntingly, when will it happen again? Then, too, are the bitter reminders—medicine to take, resent, forget, take, resent, and forget, but always to take. Credit cards revoked, bounced checks to cover, explanations due at work, apologies to make, intermittent memories (what *did* I do?), friendships gone or drained, a ruined marriage. And always, when will it happen again? Which of my feelings are real? Which of the me's is me? The wild, impulsive, chaotic, energetic, and crazy one? Or the shy, withdrawn, desperate, suicidal, doomed, and tired one?

Dr. Jamison is author of three books on manic-depressive illness, including a definitive textbook on the subject of manic-depression that she coauthored with Dr. Frederick K. Goodwin.

Manic-Depression in School

I have no idea how I managed to pass as normal in school, except that other people are generally caught up in their own lives and seldom notice despair in others if those despairing make an effort to disguise the pain. I made not just an effort, but an enormous effort not to be noticed. I knew something was dreadfully wrong, but I had no idea what, and I had been brought up to believe that you kept your problems to yourself. Given that, it turned out to be unnervingly easy to keep my friends and family at psychological bay: "To be sure," wrote Hugo Wolf, "I appear at times merry and in good heart, talk, too, before others quite reasonably, and it looks as if I felt, too, God knows how well within my skin. Yet the soul maintains its deathly sleep and the heart bleeds from a thousand wounds."

Women and Depression

Always, there was a lingering discomfort when the impatience or ardor or restlessness tipped over into too much anger. It did not seem consistent with being the kind of gentle, well-bred woman I had been brought up to admire and, indeed, continue to admire.

Depression, somehow, is much more in line with society's notions of what women are all about: passive, sensitive, hopeless, helpless, stricken, dependent, confused, rather tiresome, and with limited aspirations. Manic states, on the other hand, seem to be more the provenance of men: restless, fiery, aggressive, volatile, energetic, risk-taking, grandiose and visionary, and impatient with the status quo. Anger or irritability in men, under such circumstances, is more tolerated and understandable; leaders or takers of voyages are permitted a wider latitude for being temperamental. Journalists and other writers, quite understandably, have tended to focus on women and depression, rather than women and mania. This is not surprising: depression is twice as common in women as men. But manic-depressive illness occurs equally often in women and men, and, being a relatively common condition, mania ends up affecting a large number of women. They, in turn, often are misdiagnosed; receive poor, if any, psychiatric treatment; and are at high risk for suicide, alcoholism, drug abuse, and violence. But they, like men who have manic-depressive illness, also often contribute a great deal of energy, fire, enthusiasm, and imagination to the people and world around them.

Living with Manic-Depression

When I was depressed, nothing came to me, and nothing came out of me. When manic, or mildly so, I would write a paper in a day; ideas would flow. I would design new studies, catch up on my patient charts and correspondence, and chip away at the mindless mounds of bureaucratic paperwork that defined the job of a

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clinic director. Like everything else in my life, the grim was usually set off by the grand; the grand, in turn, would yet again be cancelled out by the grim. It was a loopy but intense life: marvelous, ghastly, dreadful, indescribably difficult, gloriously and unexpectedly easy, complicated, great fun, and a no-exit nightmare.

The Effects of Lithium

In rare instances, lithium causes problems of visual accommodation, which can, in turn, lead to a form of blurred vision. It also can impair concentration and attention span and affect memory. Reading, which had been at the heart of my intellectual and emotional existence, was suddenly beyond my grasp. I was used to reading three or four books a week; now it was impossible. I did not read a serious work of literature or nonfiction, cover to cover, for more than ten years. The frustration and pain of this were immeasurable. . . .

I found that children's books, which in addition to being shorter than books written for adults also had larger print, were relatively accessible to me, and I read over and over again the classics of childhood. . . . I returned most often to *The Wind in the Willows*. I found myself occasionally overwhelmed by it. Once, I remember, I broke down entirely at a particular passage describing Mole and his house. I cried and cried and could not stop.

Recently, I pulled down my copy of *The Wind in the Willows*. . . and tried to track down what it was that had created such a shattering reaction. After a brief search, I found the passage I had been looking for: *"Please stop, Ratty!" pleaded the poor Mole, in anguish of heart. "You don't understand! It's my home, my old home! I've just come across the smell of it, and it's close by here, really quite close. And I must go to it, I must, I must! O, come back, Ratty! Please, please come back!"*

At this point in my reading, I remembered exactly, and with visceral force, what I had felt reading it not long after I had started taking lithium: I missed my home, my mind, my life of books and "friendly things," my world where most things were in their place, and where nothing awful could come in to wreck havoc.

Lowering Lithium Levels

Lowering my lithium level had allowed not only a clarity of thinking, but also a vividness and intensity of experience, back into my life; these elements had once formed the core of my normal temperament, and their absence had left gaping hollows in the way in which I could respond to the world. The too rigid structuring of my moods and temperament, which had resulted from a higher dose of lithium, made me less resilient to stress than a lower dose, which, like the building codes in California that are designed to prevent damage from earthquakes, allowed my mind and emotions to sway a bit. Therefore, and rather oddly, there was a new solidness to both my thinking and emotions. Gradually, as I began to look around me, I realized that this was the kind of evenness and predictability most people had, and probably took for granted, throughout their lives.

Ted Turner is the dynamic, bigger-than-life tycoon of cable TV, winner of America's Cup as skipper of his yacht *Courageous*, and owner of the Atlanta Braves and Hawks. In a front-page profile, the *Wall Street Journal* reported that he is a manic-depressive. His competition took note that he is no longer on lithium. Ted Turner's father, like Ernest Hemingway's, ended his life with a gun.

Rules for the Gracious Acceptance of Lithium into Your Life

1. Clear out the medicine cabinet before guests arrive for dinner.
2. Remember to put the lithium back into the cabinet the next day.
3. Don't be too embarrassed by your lack of coordination or your inability to do well the sports you once did with ease.
4. Learn to laugh about spilling coffee, having the palsied signature of an 80-year-old, and being unable to put on cuff links in less than ten minutes.
5. Smile when people joke about how they think they "need to be on lithium."
6. Nod intelligently, and with conviction, when your physician explains to you the many advantages of lithium in leveling out the chaos in your life.
7. Be patient when waiting for this leveling off. Very patient. Reread the Book of Job. Continue being patient. Contemplate the similarity between the phrases "being patient" and "being a patient."
8. Try not to let the fact that you can't read without effort annoy you. Be philosophical. Even if you could read, you probably wouldn't remember most of it anyway.
9. Accommodate to a certain lack of enthusiasm and bounce that you once had. Try not to think about all the wild nights you once had. Probably best not to have had those nights anyway.
10. Always keep in perspective how much better you are. Everyone else certainly points it out often enough, and, annoyingly enough, it's probably true.
11. Be appreciative. Don't even *consider* stopping your lithium.
12. When you do stop, get manic, get depressed, expect to hear two basic themes from your family, friends, and healers: "But you were doing so much better; I just don't understand it." and "I told you this would happen."
13. Restock your medicine cabinet. ▲

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How a Change in Your Lifestyle & Diet Can Affect Your Aging Process

No magic pills. No fountains of youth. Just smart nutrition, moderate exercise and a healthy lifestyle can have you feeling better. And younger.

Another year older, another year better. For most people, it's simply not true. But it's not their fault. The fact is, aging changes our bodies. It's a natural process that can't be stopped. It may, however, be affected by diet, exercise and lifestyle. The first step is knowing exactly what happens as we age.

Every Body Changes with Age

In America alone, there are more than 58 million men and women over age 50. They differ in just about everything. Income. Lifestyle. Health. What they all share, though, is the way in which their bodies change with every passing year.

Diet Affects How We Feel

A common misperception is that age alone is responsible for making older adults feel as though they've lost their energy. The truth is, it's our bodies that change. We start to feel a drop in our activity level. Our body's ability to digest and absorb nutrients becomes less efficient, thereby preventing us from deriving the optimal benefits of the foods we eat. Add to that the fact that we don't always eat adequately balanced meals and you start to see how important good nutrition is.

Nutritional Requirements Shift Over the Years

Another change that takes place has to do with the way our bodies metabolize calories. Studies show that the body's composition changes after middle age, with the amount of fat increasing and muscle and metabolism decreasing, thus requiring fewer calories. In fact, daily calorie needs drop 10 percent each decade after age 50. Yet as the need for calories drops, the need for proper nutrients increases. This creates questions on how to define the appropriate diet for mature America.

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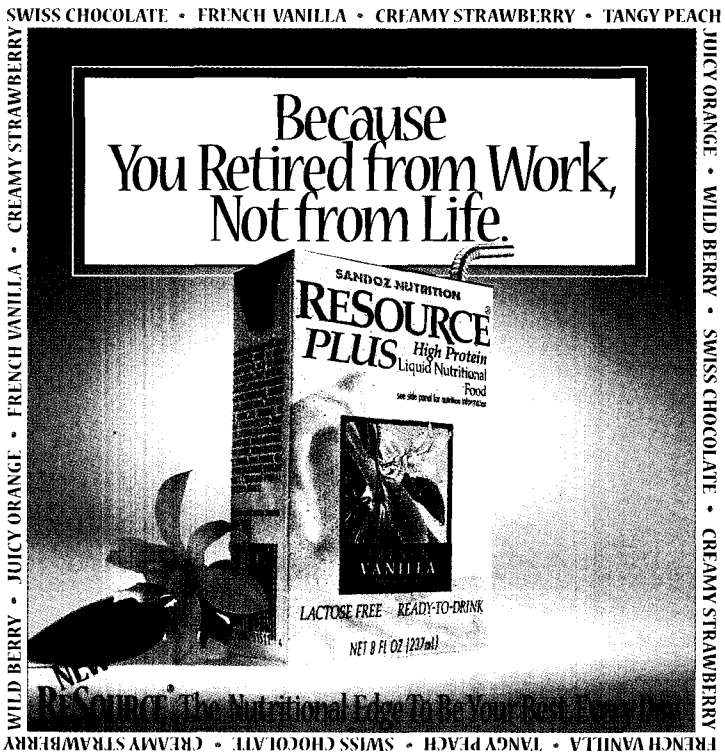
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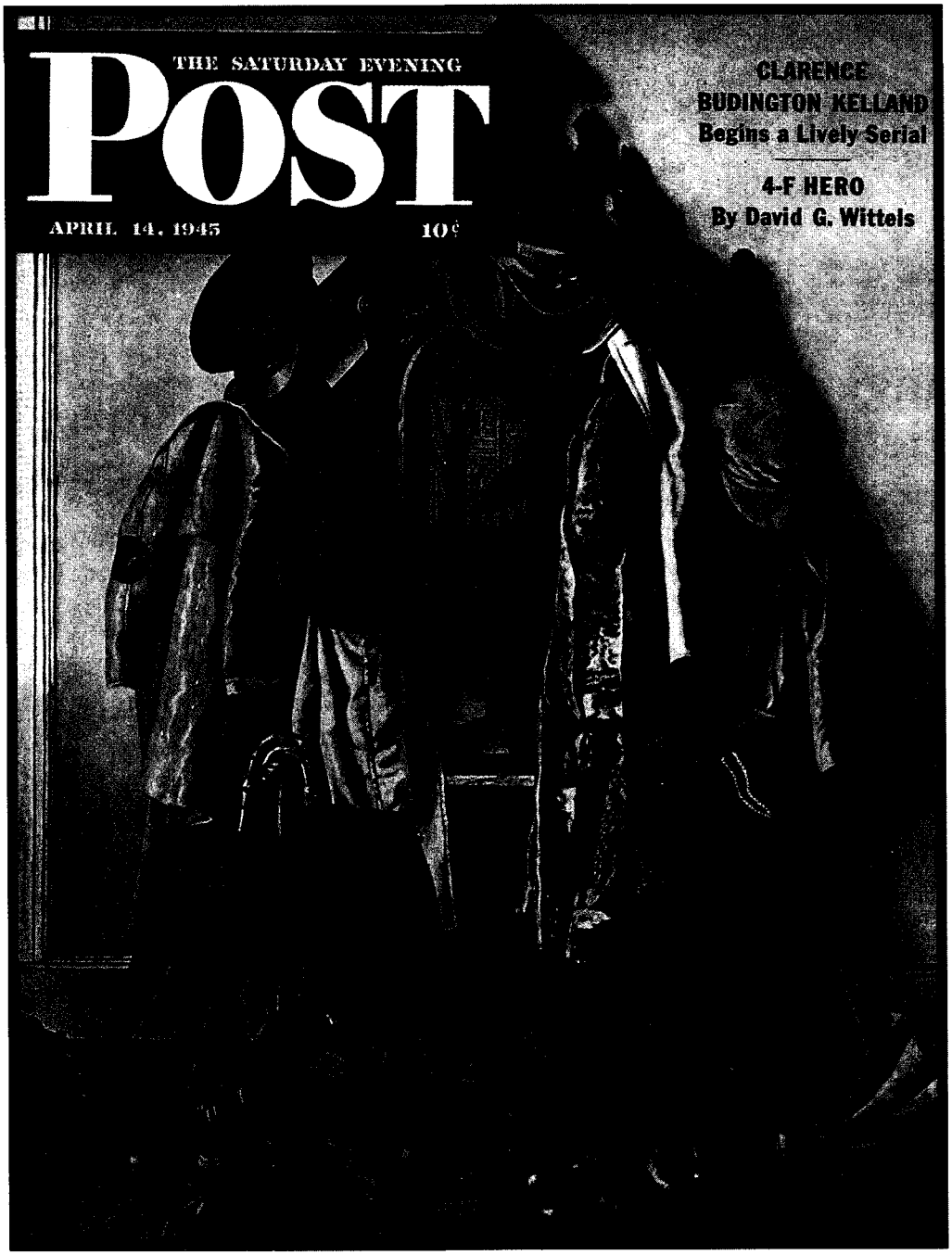
The American Illustrators Hall Of Fame

RITES OF SPRING

The Post's inspired cover artists offer encouraging proof that "bare Winter suddenly has changed to Spring."

by Maynard Good Stoddard



Had it not been a rainy day, and had he not visited the Community House at Arlington, Vermont, Norman Rockwell would not have said to his friend John Atherton, "That hat tree would make an interesting cover." But it was, and he did, and as usual, the renowned artist was right.

If you'll refresh your memory of high school's compulsory English class, it was Percy Bysshe Shelley who penned these welcome words to northerners weary of cold nipping at their noses and Jack Frost biting at their toes: "If Winter comes, can Spring be far behind?"

Pity the *Post* cover artists, however, up to their easels in snow, with little but that white stuff and the accompanying blast of arctic air to inspire scenes of warm weather and happier days ahead.

Mark Twain, speaking at a New England Society dinner, made this observation of New England weather: "In the spring I have counted 136 different kinds of weather inside of 24 hours."

A number of *Post* cover artists being familiar with New England environment, it's not surprising that their work would include its capricious climate.

A search of our archives for covers apropos of this glorious spring season yielded far more than our space limitations would allow. If, in our selections, we laid aside the cover you remember best, perhaps you'll forgive us after viewing the classics we have chosen—timeless favorites by Norman Rockwell, John Atherton, and Grant Wood. ▲

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Let the school bell ring, calling reluctant boys to another day of readin', 'ritin', and 'rithmetic. Learning has more tricks up its sleeve than confinement in a classroom. This barefoot boy with cheek of tan doesn't know when he might meet up with another rabbit. Hare today, gone tomorrow, as they say.

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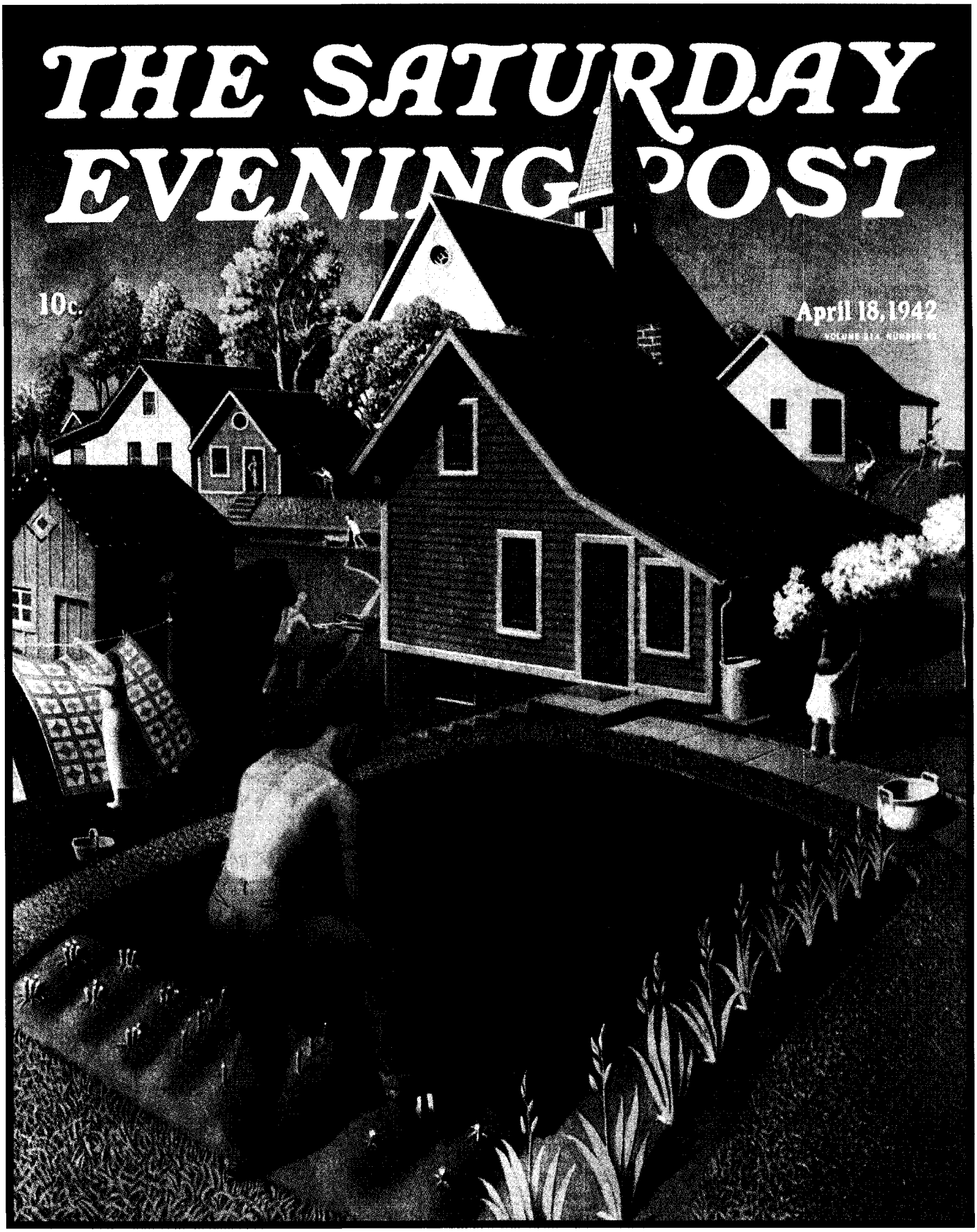

Who was more qualified than Iowa native Grant Wood to paint this *Spring in Town* scene, evidently inspired by a 10-by-20-foot plot of ground? The artist, however, was not to see the published version; he died two months before his first, and only, *Post* cover appeared.

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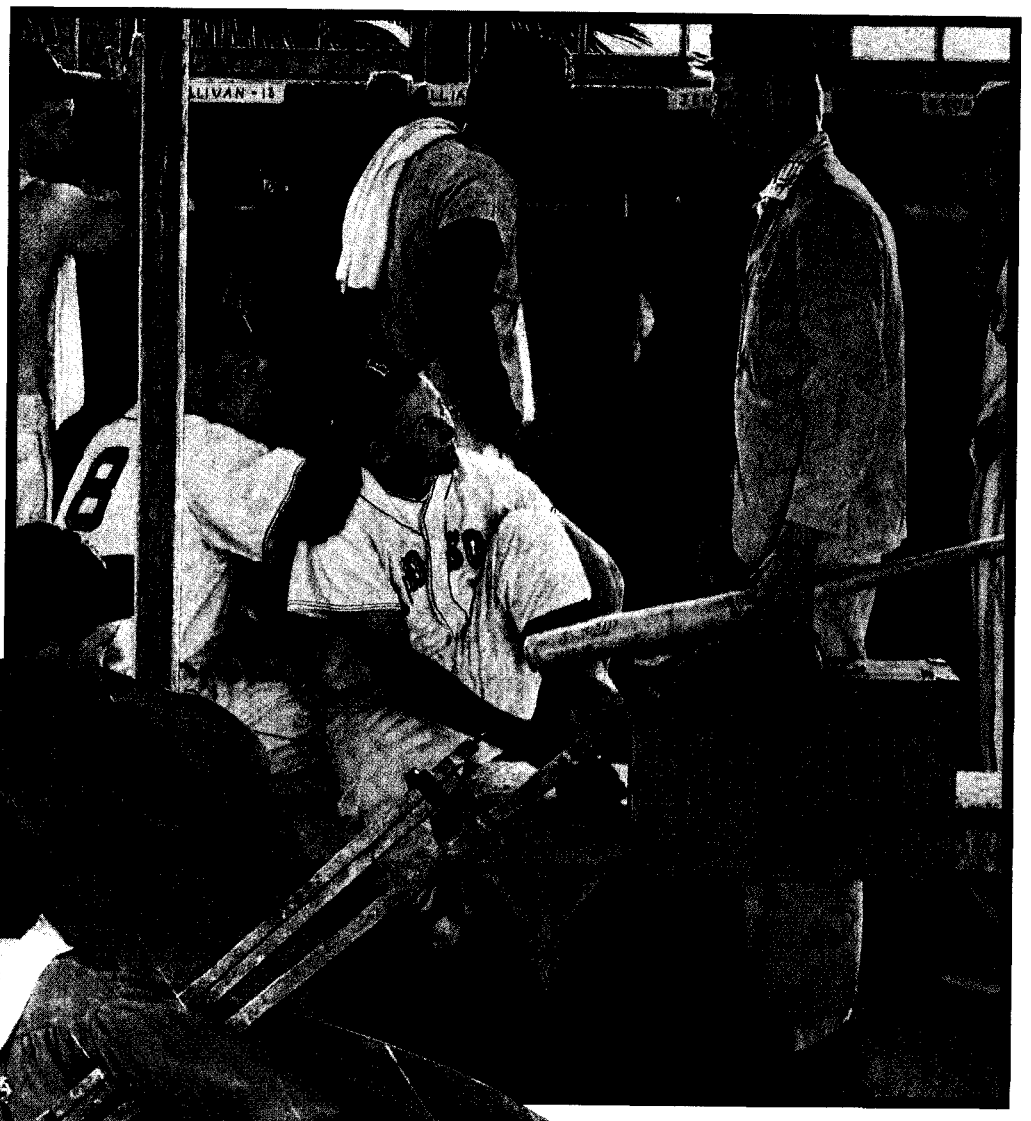

Well, look who's here! Another hot prospect for good-natured bantering by the great Ted Williams and the red-hot Red Sox. If the team does as well scoring runs in spring training as it does in scoring puns aimed at this poor rookie, the season promises to be another Boston Massacre.

April showers may bring May flowers, no argument there. But they also bring a struggling young artist in from the scene of her inspiration to a dry but dull shelter. Let us hope that the outdoor scene birthing on her easel had been so vividly etched upon her senses that she can finish her work—perhaps one more rite of spring—indoors.

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GARDENING

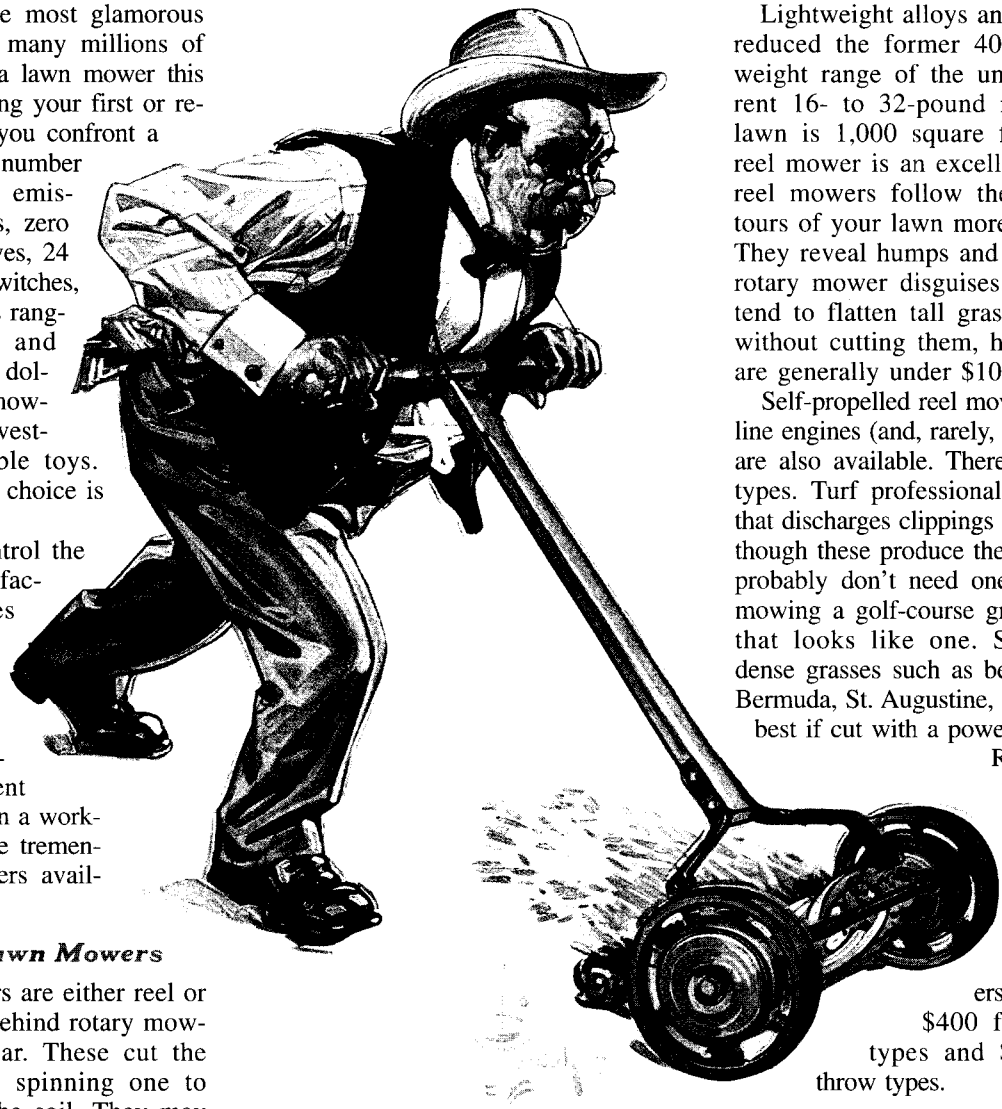
LAWN MOWER SAVVY

What you need to know before buying a new mower.

by Dr. Frank A. Viggiano, Jr.

It may not be the most glamorous garden tool, but many millions of Americans will buy a lawn mower this year. If you are buying your first or replacing an old one, you confront a potentially daunting number of choices: reduced emissions, polymer decks, zero radius, overhead valves, 24 volts, and deadman switches, not to mention prices ranging between $200 and several thousands of dollars. Clearly, lawn mowers are significant investments, not disposable toys. Making an informed choice is not easy.

How can you control the process? Call manufacturers for brochures and warranty information and interview all local dealers. Ask about accessories and availability of replacement parts. Read on to gain a working knowledge of the tremendous range of mowers available today.



Six Types of Lawn Mowers

Most lawn mowers are either reel or rotary types. Walk-behind rotary mowers are most popular. These cut the grass with a blade spinning one to four inches above the soil. They may be self-propelled or manual, with side or rear bagging and with or without the latest trend on mowers—the "mulching" option. But the whole idea of clipping grass started in England some 160 years ago when an inventor adapted some carpetmaking machinery to the out-of-doors.

Reel Mowers

Invented in 1830 by Englishman Edwin Budding, the reel mower has a series of twisted metal blades arranged as a reel between the wheel assembly. Reel mowers cut like scissors. They are more effective on grasses 1½ inches tall or less. When no motor or engine is used, the mower is economical, easy to use and maintain, and very safe. These "push-type" reel mowers produce no emissions or noise, so they are easy on the environment and neighborhood. Using one also provides healthful exercise, burning as many calories per hour as tennis or low-impact aerobics.

Lightweight alloys and plastics have reduced the former 40- to 60-pound weight range of the units to the current 16- to 32-pound range. If your lawn is 1,000 square feet or less, a reel mower is an excellent choice. All reel mowers follow the surface contours of your lawn more than a rotary. They reveal humps and hollows that a rotary mower disguises. Reel mowers tend to flatten tall grasses and weeds without cutting them, however. Prices are generally under $100.

Self-propelled reel mowers with gasoline engines (and, rarely, electric motors) are also available. There are two basic types. Turf professionals use the kind that discharges clippings to the front. Although these produce the finest cut, you probably don't need one unless you're mowing a golf-course green, or a lawn that looks like one. Short-growing, dense grasses such as bentgrass, hybrid Bermuda, St. Augustine, and zoysia look best if cut with a power reel mower.

Reel mowers that throw clippings to the rear are more general purpose. The cost of powered reel mowers begins at about $400 for front-throw types and $250 for rear-throw types.

Rotary Power Mowers

Leonard B. Goodall from Warrensburg, Missouri, invented the push-type rotary mower in 1939. The most popular type of mower available today, it employs a gasoline engine or electric motor that spins a metal blade (or occasionally a heavy filament line) at constant speed. The engine is mounted on a deck supported by four adjustable wheels, all connected to a long handle that has controls for operation.

Push-type machines cost about $100

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less than self-propelled mowers you walk behind, and at least $500 less than mowers you ride. Push models come in two basic designs: those with the grass catching (or bag) mounted at the rear, and those with it mounted on the side. Rear-bagging mowers hold more clippings than side-bagging mowers and allow close trimming in whatever direction you are mowing. Side-bagging mowers are usually lighter and less expensive than rear-bagging mowers. They allow close trimming only on the side opposite the bag. Regardless, a good side- or rear-bagger will literally vacuum the grass clippings and leave little, if any, on the ground. When shopping for a bagger, be sure to remove the bag from the mower and replace it to evaluate the ease of the operation. Also check the size of the bag opening. A small opening clogs more easily and inhibits quick and easy dumping of the clippings.

Manufacturers use steel, aluminum polycarbonate, or Xenoy resin for the deck material. Steel costs less but rusts, shortening the life of the mower. Aluminum is a little heavier, but does not rust. Decks of modern plastics are virtually indestructible.

Finally, plastic catcher bags are generally more durable than cloth bags. Appropriate for lawns up to half-acre size, the standard mower ranges in price from about $150 to $400 for the side-bagging models, and about $200 to $800 for the rear-bagging mowers.

Self-propelled rotary mowers use a power-drive mechanism. These machines require the operator to squeeze a bar or a lever to engage the mower. If the lever is released, the drive system and blade both stop. Some models abruptly start, while others move forward gradually. The latter is much easier to control. The self-propelling feature adds at least $100 to the cost of the mower. These require more horsepower—4½ is ideal.

I prefer rear-wheel drive over front-wheel drive. The rear-wheel-drive machines move in a straight pattern. Front-wheel-drive units seem to pull the machine forward, creating a somewhat erratic movement that requires guidance.

Mulching Mowers

Mulching mowers are the basic mower for most home lawns today. They burst on the scene about a decade ago, once American communities began to exhaust landfill space. Their capacity to mulch clippings so you can leave them in place is useful if you don't want to collect them.

Some manufacturers create mulching mowers by simply blocking all clipping exit channels. Mowers designed to be mulchers have a doughnut-shaped deck housing with various baffles and a specially shaped blade, all to ensure clippings are cut several times. Compared with mowers that bag clippings, these save time because you don't have to stop and empty the bag every few rows, and they can shred leaves into near-invisible pieces along with the grass. Also, they are safer because there is no avenue for discharge of a rock from the side or rear of the machine.

Mulching mowers save resources. Lawns cut with mulchers need less fertilizer. Also, you consume less landfill space by not disposing of clippings. On the downside, mulching mowers work less well on wet or overly tall grass compared with nonmulching rotaries, and the cutting blade must be sharp. Mulching mowers also require somewhat more powerful engines—at least four horsepower.

Some mulching mowers only mulch; others allow the option of bagging clippings. Cost ranges between $250 and $550. Electric mulchers are available ($400), as are riding mowers that mulch clippings ($1,000 to $2,000).

Electric Rotary Mowers

The greatest virtue of electric mowers is the noise they make . . . or rather the lack of it. If you live where noise is an issue or if you've simply had enough of it yourself, I recommend you consider a mower powered by an electric mower. Keep in mind, however, that electric mowers rarely have the power of a gasoline engine mower.

The least-expensive electric mowers are powered by a standard electric motor connected by an extension cord to an outlet. These are for small lawns accessible with no more than a 100-foot power cord. (Electrical resistance in cords longer than 100 feet could damage the motor.) The cost of these mowers is in the $100 to $200 range.

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Another type of electric mower features rechargeable batteries. For instance, the Ryobi Mulchinator promises to cut half an acre of lawn, or to deliver about one hour of mowing time per 16-hour charge on its nickel-cadmium batteries. It is convenient and easy to use, and the 24-volt recharger is built in. The Black & Decker CM500 is similar. It uses 12-volt lead-acid batteries and also allows about an hour of mowing after a 24-hour recharge. These cost $400 to $500.

Solar-Powered

These may be the mowers of the future. Poulan/Weed Eater introduced the first solar-powered robotic mower. It wanders around the yard by itself—you don't have to touch it. Small razor blade-type cutters clip the grass a little at a time. A wire, placed around the perimeter of the yard or flower beds, keeps the robotic mower within the bounds of the lawn. The unit clips grass all day long. If it hits an obstruction, such as a fence post or sprinkler, it stops, backs up, then goes forward again in another direction. Still, it requires level areas that include a minimum of obstructions. At $2,000, this mower is perhaps more a political statement than a practical way to keep your lawn trimmed.

Solar Power International offers a walk-behind solar-electric mower. The manufacturer claims that eight hours of direct sunlight charges the 12-volt lead-acid battery enough to cut grass for nearly two hours with the power of a four-horsepower gasoline mower. An optional charger you can plug in is also available. Cutting width is 21 inches, and cost is about $900.

Lawn Tractor

This category includes the widest range of sizes and prices. The general advice is to use some sort of riding mower for lawns larger than half an acre. But if your three-fourths-acre lawn is dotted with trees, flowerbeds, edged walkways, and other obstructions, a walk-behind might be still be a better choice. Typical horsepower ratings are provided here, but more isn't always better. In some cases, the less refined machine has more horsepower to compensate for its reduced efficiency.

The simplest kinds are riding mowers that are smaller than lawn tractors. They are usually easier to maneuver, but less capable on slopes. In most cases, you sit in a sort of chair with the mowing deck out in front and the engine in the rear. The turning radius is much tighter than on a lawn or garden tractor. Some claim a "zero" radius, and 12 to 24 inches is typical. You steer by controlling the drive on the rear wheels; the front wheels are like those on shopping carts. This creates limitations, such as the inability to maneuver across a slope. The mowing deck is 30 to 42 inches wide, and the engines deliver 8 to 13 horsepower. At least one, the Turfstar 2000 Electra by Ardisam, is powered by six six-volt batteries that provide a two-hour run time. Some are mulchers, or easily converted into one. Accessories such as tow carts for leaves and clippings are also available. The typical cost for a riding mower is between $700 to $1,000.

Lawn tractors are larger and look more like a car. You sit and look out over a hood covering the engine, and the mowing deck is underneath you. Commonly 10 to 15 horsepower, lawn tractors cut with a 38- to 42-inch

continued on page 72

TOOLING UP FOR SPRING AND SUMMER

New, innovative products help make lawn and gardening chores a little easier.

"Ergonomic" design has become a catch phrase in lawn and garden circles. In lay language, it means "designed to work better, or to be operated more efficiently or easily." Manufacturers naturally strive to make ergonomic improvements in their products, and it's fun to survey the field at the beginning of a new gardening season for those innovative steps in engineering that have produced great leaps for gardeningkind. The following are just a few time-, energy-, and frustration-saving devices that we find worthy of note. You may want to put them on your wish list as you head into another season of lawn and garden care.

An Easy-Starting String Trimmer

String trimmers traditionally come in two types—gas and electric. The electrics have cords that get tangled in bushes and flower beds and must be reeled up when the job is finished. Gas trimmers have irksome pull starters that can wrench your arm while raising your blood pressure.

Now, however, there's a new option that solves both problems—a two-cycle, gas-powered trimmer that starts as easily as an electric. The Electric-Start Trimmer is activated by a rechargeable nickel-cadmium battery, providing 40 easy starts before needing a recharge. To recharge, simply pull out the battery pack and plug it into a home electrical outlet. The trimmer also features a redesigned fuel tank that reduces spillage, and a quieter muffler, which should quiet possible complaints from the neighbors. From Homelite, 704-588-3200. Price: $169.

Homelite Electric-Start Trimmer

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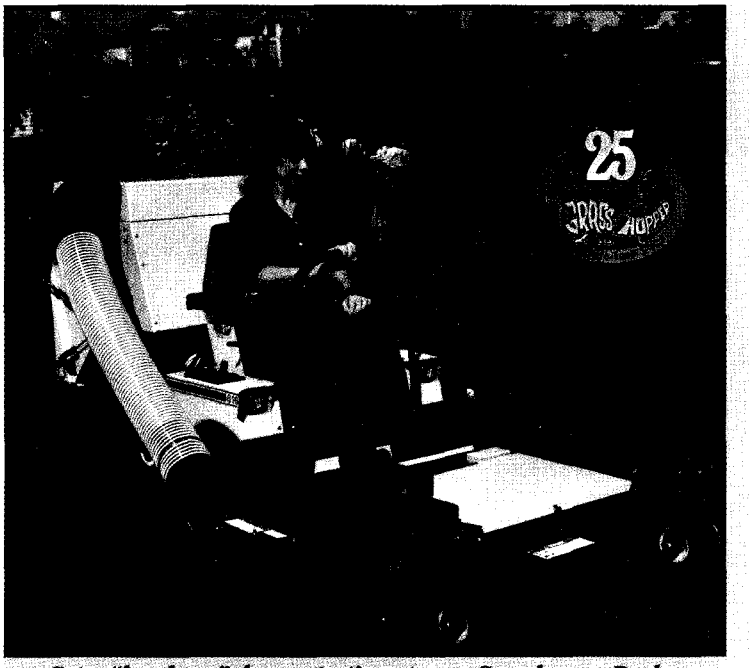

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**patent pending*

The World's Quietest Chain Saw

"Quiet" and "chain saw" are two terms that ordinarily don't go together. In fact, chain saws can be among the most annoying of outdoor tools for those in close proximity—unless, that is, you are using the new STIHL 023L chain saw, which has been termed "the quietest gas-powered chainsaw anywhere."

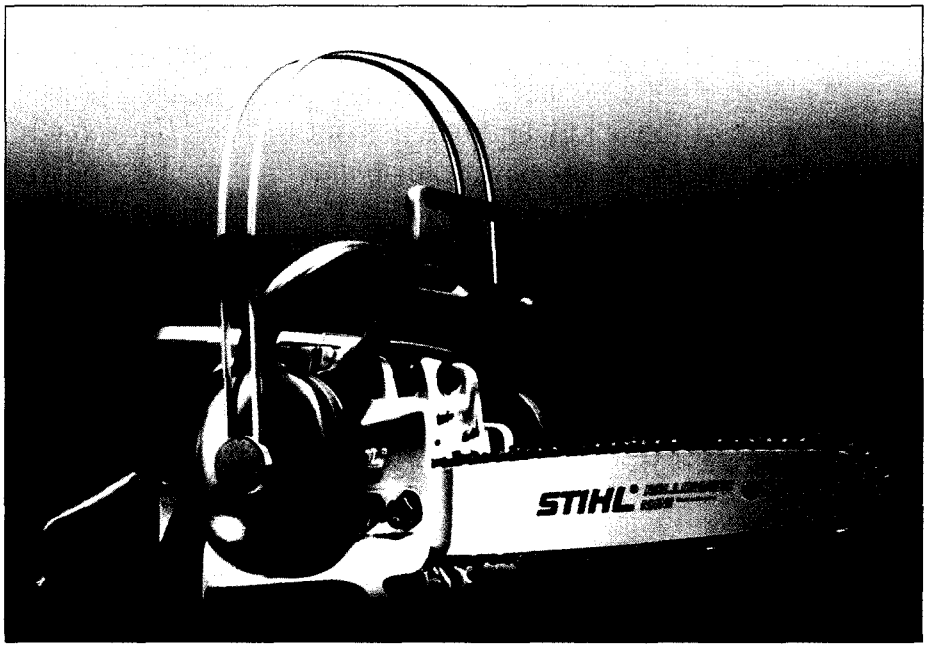
How quiet is it? Manufacturers claim this saw produces a noise level of only 92 decibels at the operator's ear. Although that's a little louder than the average power lawn mower, it handily beats the average chain saw that emits 100 decibels.

In decibel mathematics, 100 is 10 times louder than 90, so the 023L is about seven times quieter than the average chain saw. Because noise levels abate over a given distance, listeners ten yards away will hear a sound equivalent to an electric typewriter when the 023L is running. From STIHL, 804-486-9100. Price: $349.95.

Easy-Operating Mower

Ever dream of mowing the lawn without leaving your easy chair? This mid-sized, zero-turn radius mower may be the next best thing. It can be operated with mere fingertip pressure on a patented combination forward

continued on page 70



STIHL 023L Chain Saw

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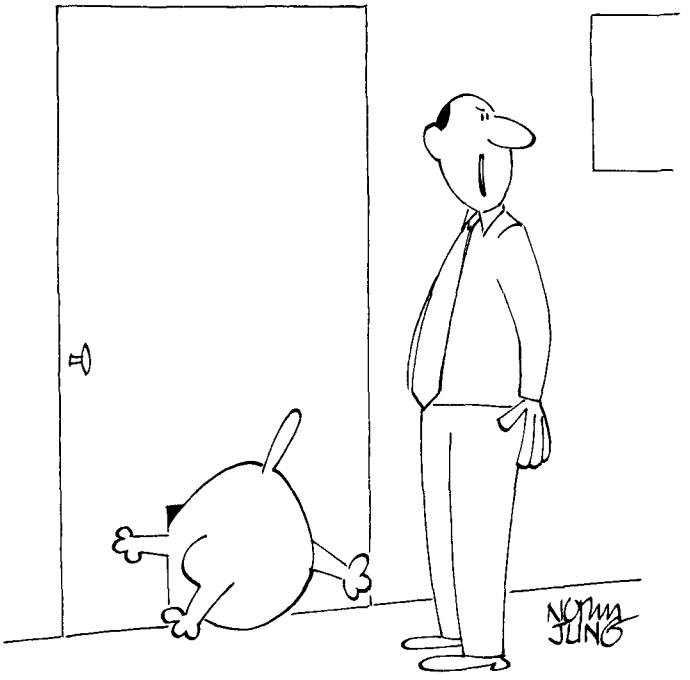
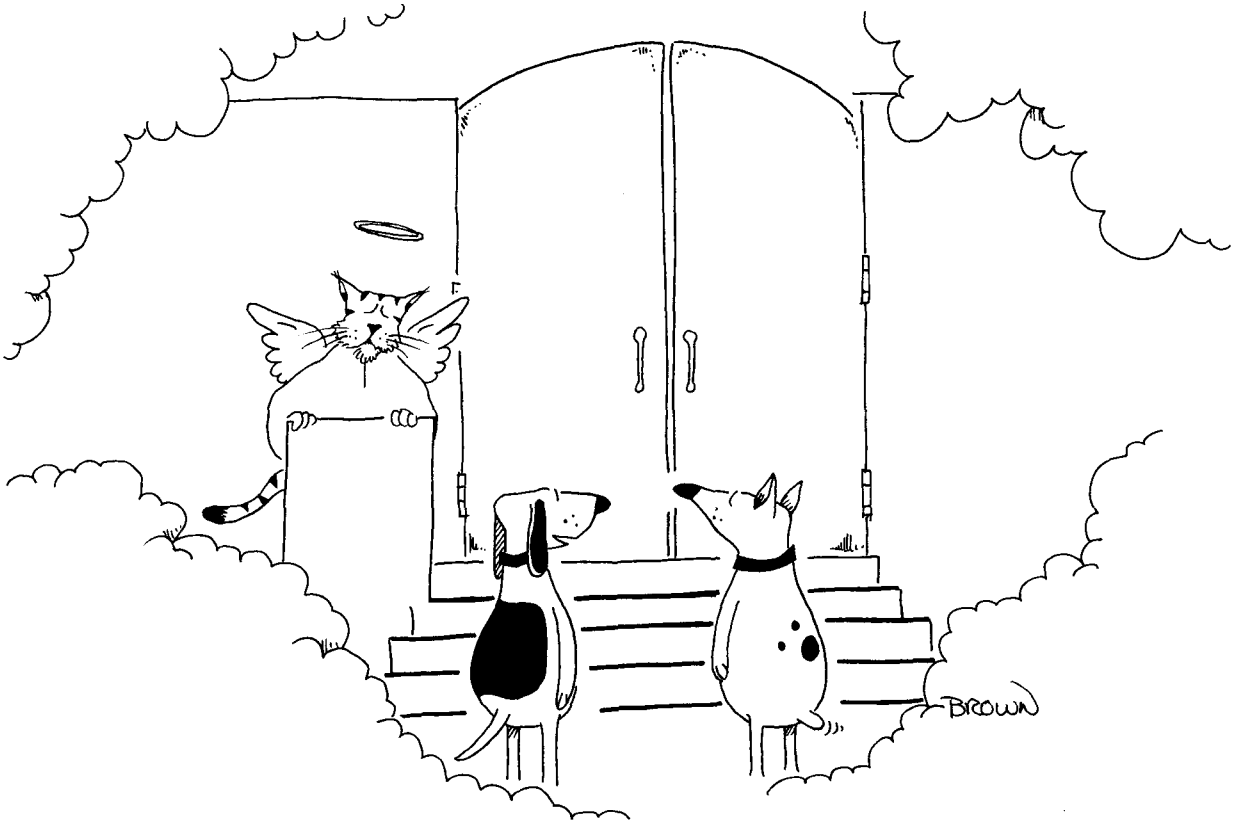


"Doris, this dog simply must go on a diet!"



"I've got a real bad feeling about this, Rex!"

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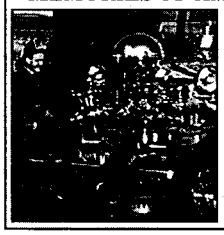

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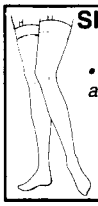

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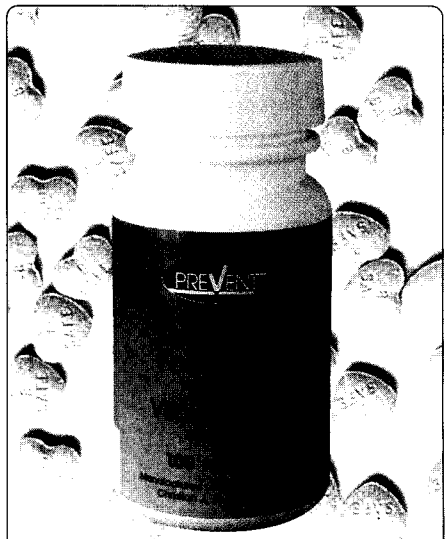

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Today, 9 years later, Madeline keeps a schedule that amazes even Ben! She travels extensively doing TV and radio interviews, as well as conducts seminars teaching about good nutrition and the many benefits of Bee-Alive Royal Jelly! In Ben's words, "Bee-Alive Royal Jelly makes such a difference in my life — I wouldn't go a day without it. I recommend it highly."

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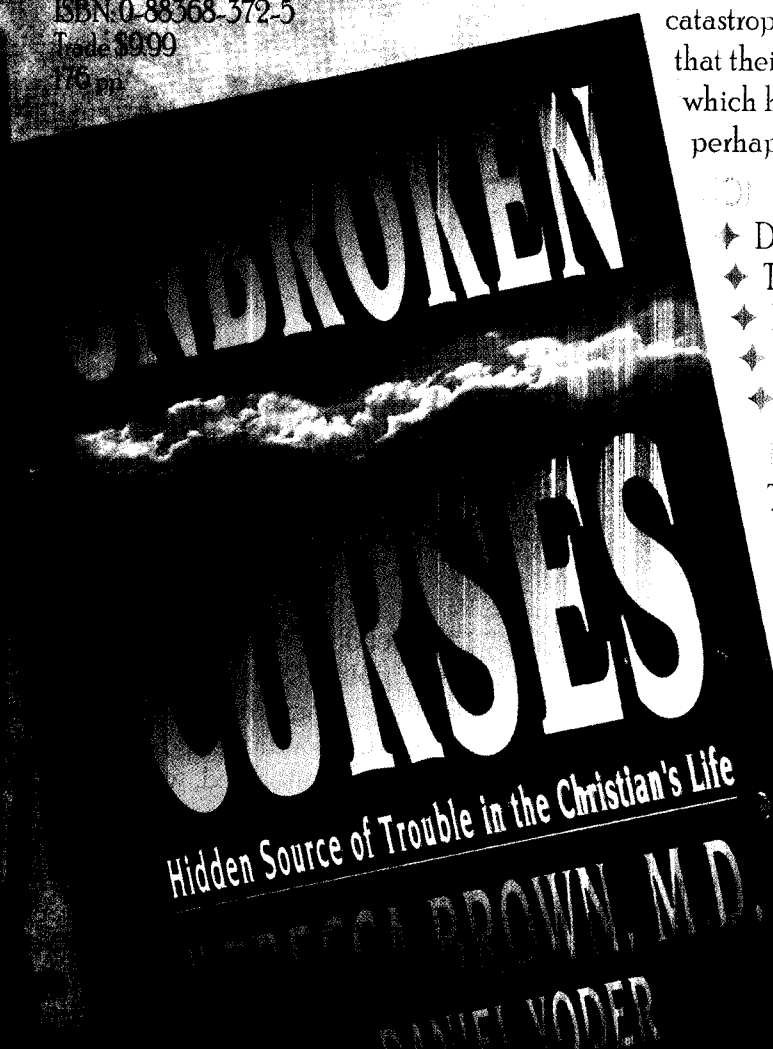

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- Dealing with Satan
- Trespassing on the Devil's territory
- Handling unholy things
- Inherited curses
- Breaking vows to God

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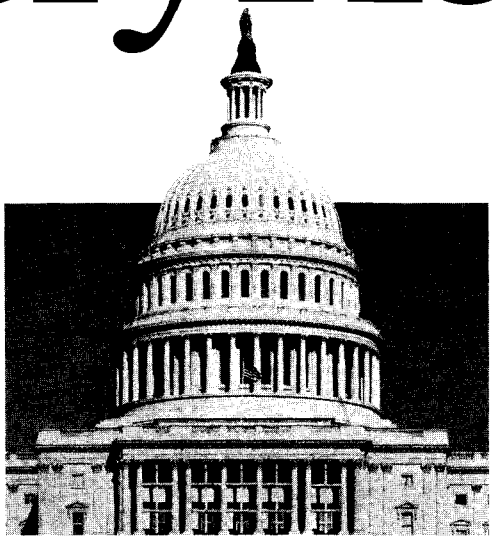

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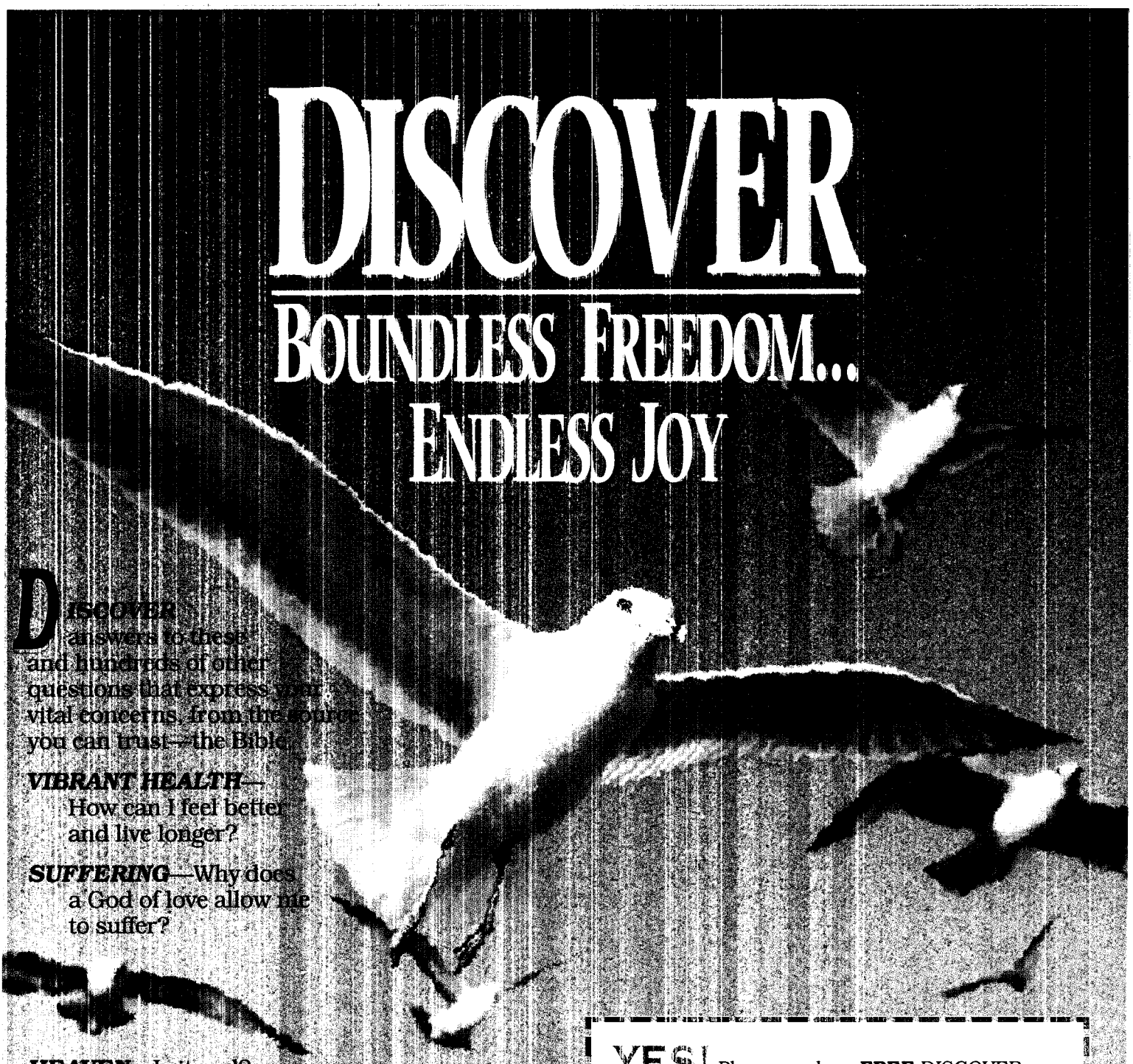

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Lawn Mower Savvy

continued from page 62

deck. Mulcher conversions and tow carts are usually available. Cost is $700 to $4,000.

Garden tractors are scaled-down versions of farm tractors, with 12- to 20-horsepower engines and 38- to 60-inch mowing decks. Compare frames, axles, transmissions, efficiency from power takeoff to attachments, and interchangeability of attachments. Typical attachments include chipper, rototiller, and snowblower. Tow carts and reel mower gangs are also available. Prices start around $1,000 and reach upwards of $6,000.

Comfort is a major concern when purchasing these larger machines. Your body should fit the machine so that the steering wheel, seat, pedals, controls, key starter, and movement controls are easily accessible. Ride the unit. I've tested some that are noisy, full of unwanted vibration, and simply uncomfortable. You test-drive a new car; why not a riding mower? ▲

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Assemblies: Reaching Out

continued from page 45

Tennessee found that 67 percent of graduates from Teen Challenge Chattanooga were abstaining from drugs and alcohol—an impressive success rate.

"Beth" entered Teen Challenge's Walter Hoving Home in Garrison, New York, in 1992. Sexually abused as a child, she started drinking heavily and using drugs in college. She tried to commit suicide and ended up in a psychiatric hospital.

"When I first came to the home, I believed I was hopeless," she says. Today, she is a drug-free staff member at the home.

The group also sponsors an AIDS-awareness campaign, offering educational resources to churches and community groups.

Ministering to youth, the family, and people of different racial backgrounds has always been emphasized in Assemblies of God churches, which number almost 12,000 in the United States. Headquartered in Springfield, Missouri, the church was founded in 1914 and traces its origins to a Pentecostal revival that began in Topeka, Kansas, in January 1901. Today, the Assemblies of God is the largest Pentecostal denomination in the world.

Although the average church has about 120 members, many parishes have thousands. Church services are marked by spirited preaching, joyful praise, and lively music. "Freedom of worship" is a characteristic of Pentecostal services, along with praying for the sick and baptism in the Holy Spirit as explained in the New Testament (Acts 2:4).

The U.S.-based denomination has grown to more than 2.3 million members and is part of an international fellowship of 30 million, making the Assemblies of God one of the world's largest Protestant denominations.

Members range from blue-collar workers to business leaders. Brian Harper, who played for the St. Louis Cardinals and Minnesota Twins during the 1985 and 1991 World Series, attends First Assembly of God in Phoenix, Arizona.

"Everyone is welcome. There is no class structure," Harper says. "You can be right off the street or a millionaire, and you feel welcome."

Former World Wrestling Federation champion Billy Graham, also a member, is a regular speaker at youth

Tooling Up

continued from page 63

speed control (a kind of cruise control) and steering levers. You can sit with your feet up because braking is done by hand, too—no steering wheels, gear shifts, or foot pedals. Grass collection and vacuuming capabilities are built right into the mower. There are no bulky grass-catcher attachments. So how are you going to get any exercise using this lawn mower? Simple. With the time you save on this easy rider, you'll have a lot more extra time for the activities you enjoy—be it tennis, golf, swimming, or jogging. From Walker Manufacturing Company, 800-279-8537. Prices start at $5,000.

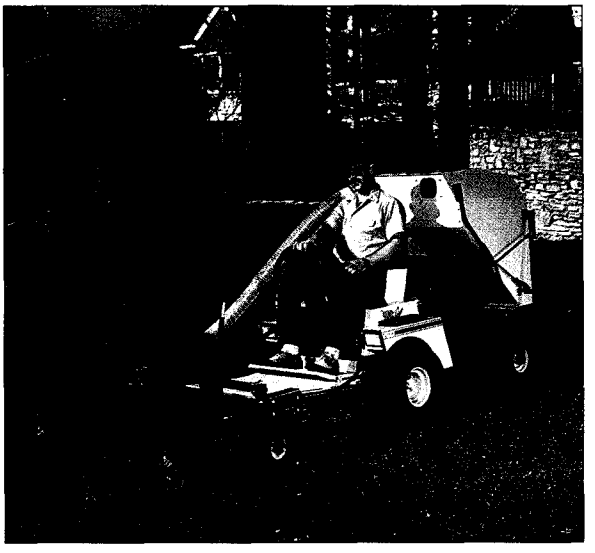
The Walker Rider

Versatile Mowing System

"Time is money." Anyone who has used a power riding mower knows how much time it can take to remove a mowing deck for cleaning, maintenance, or to put on a different attachment—not to mention how frustrating the process can be.

Here's a mower that can save you the hassle. Equipped with a Quick-D-Tatch® mounting system, the Grasshopper mower allows the operator to remove or reattach decks quickly and easily.

It also comes with a new Quick-D-Tatch Combo Mulching Deck® that can be switched easily from collection to discharge to mulching, without changing decks at all.



The Grasshopper Mower

Attachment buffs will find a treasure trove of options, including angle dozer blade, V-Snow plow, rotary broom, snow thrower, dethatcher, bed shaper, sun shade, and cab enclosure, to name a few. From The Grasshopper Company, 316-345-8621. Prices start at $4,390.

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meetings, encouraging teenagers to stay away from drugs and steroids.

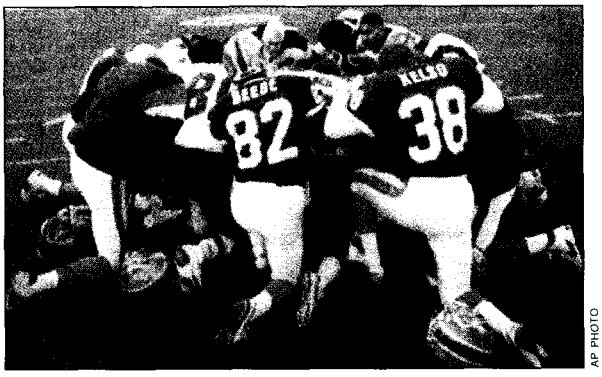
Shawntel Smith, Miss America 1996, remembers the encouragement she received at First Assembly of God in Muldrow, Oklahoma. Smith assisted her grandmother in children's crusades by singing and telling Bible stories with puppets.

"My favorite hymn is 'Amazing Grace,' " she says. "Because the Lord gives us grace during times of need. When I feel down, I always sing 'Amazing Grace.' There are a lot of demands on me, but the Lord gives me a sense of calmness."

Following her reign as Miss America, the young beauty wants to pursue a career in educational administration. She hopes to be a positive role model and help young people achieve their dreams.

The Assemblies' educational programs include 12 colleges, 5 Bible institutes, and a seminary.

The denomination has not limited itself to domestic issues and maintains one of the largest foreign-mission outreaches in the evangelical community.



AP PHOTO

The Buffalo Bills' postgame prayer huddles demonstrate athletes' growing interest in religion. Assemblies of God minister Ken Johnson, former NFL player and chaplain for the Indianapolis Colts, leads weekly Bible study classes for Colts players in the same room where coaches diagram plays for upcoming games.

"We are doing some form of missionary work in 144 nations," reports Loren O. Triplett, executive director of the church's division of foreign missions.

World ministries donations among the denomination's churches topped $212 million in 1994; foreign missions accounted for about $100 million.

Assemblies missionaries are welcomed in foreign countries because of their credibility and longstanding policy of establishing self-governing, indigenous churches. Autonomous organizations in many countries have only fraternal ties to the United States denomination. For example, the Assemblies in Brazil number about 14.5 million members. Yoido Full Gospel Church in Seoul, Korea, with a congregation of 800,000, is the world's largest church affiliated with the Assemblies of God.

Medical programs are another powerful feature of the church's mission effort. Huldah Buntain and her late husband, Mark, helped establish a hospital in Calcutta, India, that provides free medical services to the poor. The 350-bed hospital treats more than 1,000 patients annually. The ministry also boasts an ambitious feeding program and runs 17 rural schools attended by more than 10,000 students.

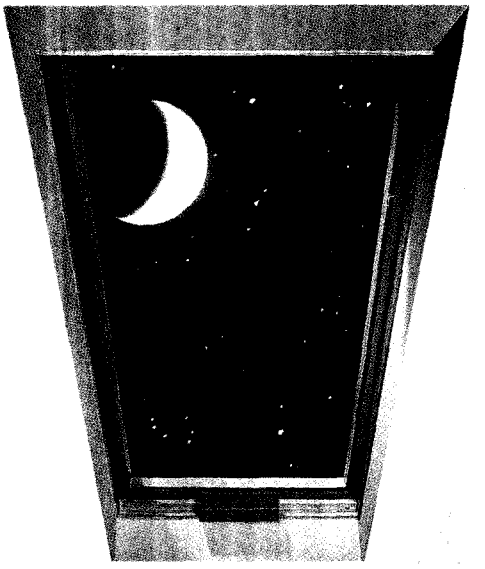
In 1984, the Division of Foreign Missions established HealthCare Ministries in Lakeland, Florida. This organization dispatches a volunteer medical team of 15 to 30 professionals every month. Physicians, nurses, dentists, therapists, and opticians give their time for short-term mercy missions around the world. Medical supplies are either donated or purchased at a reduced cost. Trips planned for 1996 include Vietnam, Laos, Bangladesh, Egypt, and Argentina. The medical teams perform surgeries, give physical exams, and provide treatment.

"We want to reach out to meet physical *and* spiritual needs," says Dr. JoAnn Butrin, program director with a Ph.D. in community health. "We feel that Christ was compassionately concerned about the physical suffering of people that He encountered."

Looking to the next century, the Assemblies of God has targeted 39 U.S. population points representing 130 million people for special attention.

Church leaders believe there is a spiritual answer to all-too-prevalent social problems.

"I believe we are going to see a spiritual renewal like America has never seen," Thomas Trask says. "I base it on a powerful prayer emphasis, not just in the Assemblies of God. This renewal has crossed denominational lines. America needs a spiritual awakening!" ▲



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DEEP IN THE HEART OF TEXAS

"Sunny and warm" is more than a forecast in San Antonio . . . it's an attitude.

by Holly G. Miller

"The only time *not* to visit San Antonio," confides a longtime resident, "is the first week in January, when the city drains the horseshoe bend of the River Walk as part of the routine clean-up campaign. Chairs, place settings of dishes—you name it—are retrieved before the water rises to its usual level and the tourist season begins in earnest." Even visitors who amble into town during maintenance week aren't disappointed by what they find. The city famous for its celebrations merely schedules a River Bottom Festival, names a Mud King and a Mud Queen, organizes a parade, and declares a party.

Most old buildings in downtown San Antonio come complete with stories. Some of them—Texas jokes aside—are even true. The Menger Bar, for example, was the place Teddy Roosevelt recruited most of his Rough Riders for active duty in Cuba. Whether he galloped through the adjoining lobby on horseback and took potshots at the chandelier is subject to

A mix of the Old South and the Wild West, San Antonio boasts the two top tourist attractions in Texas: the Alamo and the River Walk. Noiseless barges offer 40-minute tours of the 2½-mile thoroughfare. Joggers and

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some dispute. Then there's the Saint Anthony Hotel. Depending on a person's politics, the building is worthy of landmark status either because it was the first fully air-conditioned hotel in the world or because Lady Bird and LBJ spent their wedding night there.

The best tale—and this one is fully documented—involves the *Paseo del Rio*, or River Walk. Now one of the most delightful promenades in urban America, it might have remained a pipe dream had the city fathers not listened to the city mothers a few decades ago. The year was 1921, and a major flood had caused 50 deaths and millions of dollars in property damage, which led to public outcries to cover the river with concrete and let the riverbed serve as a sewer. A small group of women, the nucleus of the present-day San Antonio Conservation Society, quashed the idea by staging a puppet show called "The Goose That Laid the Golden Egg." The production subtly made the point that the river, if wisely developed, could provide wealth to the area for years to come. A less subtle point: When it comes to having vision, a man can be a real goose.

Today the River Walk meanders for 2½ miles in a tangle of lush greenery 20 feet below street level. Quiet and parklike along some stretches, it teems with activity along others. Cobblestone and flagstone paths border both sides of the waterway and lead to sidewalk cafés, colorful boutiques, and spacious hotels. Depending on age and frame of mind, a visitor can opt for music that ranges from heavy rock to moody blues to Irish airs. A different combo is around every bend, and an endless assortment of food and drink is served under bright umbrellas by the water's edge or in dark corners of multilevel restaurants. River taxis and barges float by, some carrying dinner-party guests seated at long tables set with pink linen, glimmering silver, and crystal.

Diversity—planned but not contrived—works well in San Antonio. There's a kind of comfortable tolerance evident in the architecture, music, food, and cultures. The city's skyline blends the high-rise apartments of downtown with the Victorian homes of the King William neighborhood. The Alamo sits across the street from Ripley's Believe It Or Not Museum and the Plaza Theater of Wax. One-of-a-kind restaurants and hotels compete with national chains for customers. Anything goes . . . up to a point.

Rules ensure that diversity doesn't bring discord. The party-till-you-drop spirit of the River Walk is tempered by an understanding that boundaries prevail. This is a great destination for singles, honeymooners, and families. For all of its fun, the area is safe, clean, and under control. The visual appeal of the city is carefully guarded as well. Height restrictions prevent an abundance of tall buildings from shooting up and creating a "canyon" effect. The design for a new Hard Rock Cafe had to be modified to the scale of the city before construction could begin. Even the golden arches

And Remember the Alamo . . . .

The two most frequently asked questions by first-time visitors to San Antonio are: "Where's the Alamo?" and "Why did they build it in the middle of the city?"

The legendary mission, easily overlooked in a teeming downtown, is neither large nor imposing. Only the chapel remains of the original fort, yet it is the state's most famous landmark, one of the country's most photographed facades and a symbol of independence recognized throughout the world.

Tourists planning sightseeing forays should not only remember the Alamo, but also visit its four sister missions along the Mission Parkway Trail, a winding thoroughfare that stretches from the center of town south along the San Antonio River. The foursome makes up the 475-acre San Antonio Missions National Historical Park, one of the few national parks located within a city's limits.

Mission San Antonio de Valero—better known as the Alamo—is the oldest and most famous of the vintage Spanish churches. Established 278 years ago by Franciscan friars who were determined to bring Christianity to the Indians, it was the site of the infamous 13-day standoff between 189 Texas patriots and 4,000 Mexican soldiers. The defenders fell victim to the onslaught, but the plea to "remember the Alamo!" became the rallying cry of the Texas revolution and continues as a favorite catchphrase today.

Each of the Alamo's sister missions has a theme, assigned by the National Park Service, to depict one of the several roles the religious community played in the 1700s. Mission San Jose illustrates the mission as a center of social and defense activity; Mission Concepción focuses on the mission as a religious center; Mission San Juan Capistrano tells the story of the mission as an economic hub; and Mission Espada emphasizes the mission as a vocational-education center. The historic sites charge no admission fees to visitors, and all—except for the Alamo—remain active parishes in the Catholic church. Mission San Jose even has a lively mariachi mass every Sunday, the only service of its kind in the world.

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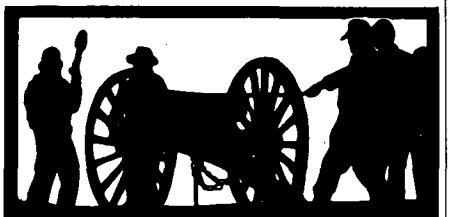

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of McDonald's are barely visible on a facade of old brick.

To adequately sample this multilayered city, visitors need at least five days. Even then, they may have to make tough choices between Sea World and Fiesta Texas theme parks; the Alamodome and the zoo; the quaint La Villita crafts colony and the cloistered convent that now serves as a contemporary art school. If five days are impossible, the only solution is to schedule a return trip . . . or three or four.

Noted Texas newspaper columnist and author Frank Tolbert once said, "Every Texan has two homes, his own and San Antonio." For once, a Texan is guilty of understatement. San Antonio is so appealing that any visitor, regardless of his roots, will want to stake a claim. Here, "sunny and warm" is more than a forecast. It's an attitude.

Nutty Recipes

continued from page 20

1 tablespoon paprika
¼ teaspoon cayenne pepper
¼ teaspoon salt, if desired

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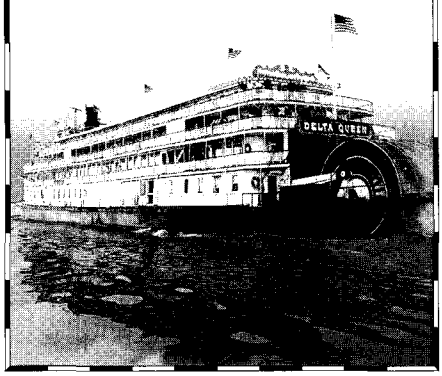

Preheat oven to 325° F. In food processor, blend walnuts until finely ground but still light and dry. Combine with breadcrumbs and spread mixture on baking pan. Bake about 15 minutes, stirring frequently, until golden brown and crisp. Stir in paprika and cayenne; salt if desired, then cool to room temperature. Keeps about 10 days, stored in airtight container.

Per Serving (1 tablespoon):
Calories: 50 Carbohydrate: 2.6 gm
Cholesterol: 0 mg Protein: 1.1 gm
Sodium: 43 mg Fat: 3.9 gm
Diabetic exchange: 1 fat

Peach Buttermilk Sherbet
(Makes 10 servings)

1 pound (about 4) fresh peaches, peeled, pitted and sliced, or 2 cups drained canned peaches
1 cup sugar
1½ tablespoons lemon juice
1 teaspoon grated orange zest
½ teaspoon vanilla extract
Dash salt (if desired)
2 cups low-fat buttermilk
⅔ cup Sweet and Spicy California Walnut Sprinkles (see recipe page 20)

In blender or food processor, purée peaches with sugar, lemon juice, orange zest, vanilla, and salt. Stir in buttermilk. Freeze mixture in ice-cream freezer, following manufacturer's instructions. You can also "still-freeze" the sherbet in shallow metal containers, beating it two or three times during freezing to prevent formation of large ice crystals.

For 4 servings, scoop ½-⅔ cup sherbet into each bowl and top each serving with about 1 tablespoon sprinkles. With sprinkles, each serving contains ½ oz. walnuts.

Per Serving (½ cup):
Calories: 187 Carbohydrate: 33.1 gm
Cholesterol: 2 mg Protein: 3.2 gm
Sodium: 68 mg Fat: 4.6 gm
Diabetic exchange: 2 bread + 1 fat

Red, Orange, and Green Salad
(Makes 4 servings)

1 large head romaine or curly-leaf lettuce, or other head lettuce
2 medium carrots, peeled and grated
⅓ cup fat-free ranch-style dressing
¼ teaspoon salt (if desired)
½ teaspoon pepper (if desired)
1 large tomato, sliced or cut into wedges
⅓ cup Savory California Walnut Sprinkles (see recipe page 20)

Wash and dry lettuce. Tear into bite-size pieces. Add carrots and 2 tablespoons

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dressing; toss to combine. Season, if desired, with salt and pepper to taste. Arrange tomato on top and spoon on remaining dressing. Dust each serving with 4 teaspoons sprinkles.

Per Serving (about 2 cups):
Calories: 128 Carbohydrate: 16.9 gm
Cholesterol: 0 mg Protein: 2.9 gm
Sodium: 414 mg Fat: 5.4 gm
Diabetic exchange: ½ bread + 2 vegetable + 1 fat

Black Bean Soup

(Makes 6 servings)

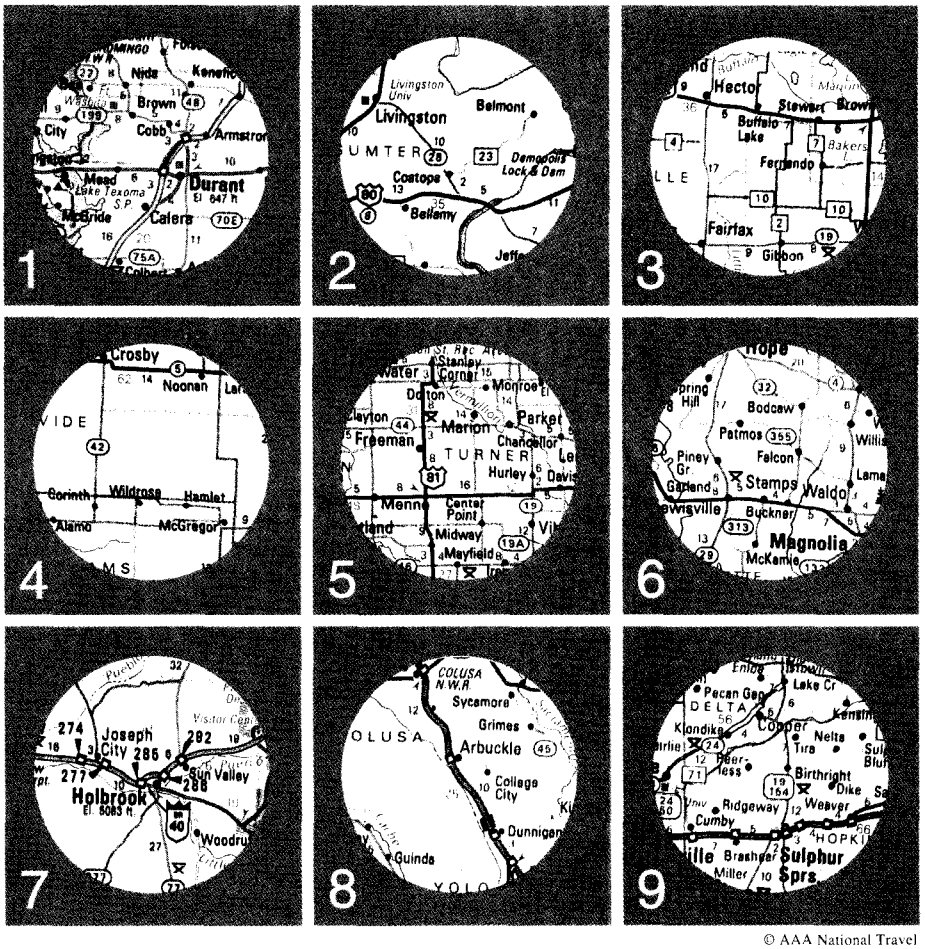
3 cups cooked black beans, or 2 15-oz. cans black beans
1 cup water
2 cups low-salt chicken broth
1 cup chopped onion
1 cup chopped celery
1 tablespoon dry sherry
2 teaspoons dry mustard
2 teaspoons lemon juice
¼ teaspoon salt (if desired)
½ teaspoon pepper (if desired)

For Garnish:
½ cup finely chopped green onion
2 hard-boiled eggs, use whites only, chopped or grated
1 cup nonfat yogurt, chilled
¼ cup (1 oz.) chopped California walnuts

Drain beans in colander or strainer, discarding liquid. Rinse well, then drain again. Place in large saucepan with water, broth, onion, and celery. Bring to boil, then reduce heat and simmer, covered, 10-15 minutes.

Purée soup in blender or food processor—be careful, it is hot. Return to saucepan and reheat to simmer. Stir in sherry, mustard, and lemon juice, then season with salt and pepper to taste if desired. Top each serving with sprinkle of onion and egg, spoonful of yogurt, and 1 tablespoon walnuts.

Per Serving (1 cup):
Calories: 218 Carbohydrate: 29.6 gm
Cholesterol: 3 mg Protein: 13.8 gm
Sodium: 182 mg Fat: 4.7 gm
Diabetic exchange: 2 bread + 1 medium-fat meat



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Where do you think you are?

East or West, North or South, each of the distinctive areas above appears on the map of a single city, state, or province. In terms of routes, state parks, mountains, and memorials, there is, as the saying goes, "no place like it." Can you identify these locations? If you find the game too easy (but you won't), try to guess the theme of this month's map game.

(Answers on page 95)

Manic-Depression

continued from page 49

think in the future, MRI and CAT scans may be used in diagnosis, but they are expensive, and we don't know enough at the moment. I think what is really interesting is to see what goes on with the brain when the brain is manic.

Dr. SerVaas: In diagnosing mental diseases, is it sometimes difficult to differentiate a schizophrenic action from a first manic episode?

Dr. Jamison: Yes, it can be. And certainly a lot of people get diagnosed as having schizophrenia who have manic-depressive illness. It's less common now to make that mistake than it used to be. It used to be thought that if you were at all psychotic and hallucinated and were delusional, that meant you had schizophrenia. People are much more aware now that you can be very psychotic and violent with manic-depressive illness. To a certain extent, it depends on what part of the country you are in and the level of expertise of the doctor who sees the person. That's where things like family history can be very important.

Dr. SerVaas: Does manic-depressive illness come more frequently from the maternal or paternal side of a family?

Dr. Jamison: I don't think anybody really knows the patterns yet. There are certainly suspected patterns. Dr. Raymond De Paulo and the Johns Hopkins group are studying quite carefully the kind of transmission patterns, the maternal and paternal and so forth.

Dr. SerVaas: This may be somewhat personal, but have you and your husband considered having children?

Dr. Jamison: My husband has three children, and I think that we sort of decided to leave it at that, but I certainly would not have refrained from having children because of manic-depressive illness. First of all, I'm glad my parents had me. It is a very treatable illness, and I hope that comes across. Of all the mental illnesses that

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exist, it is one of the most treatable. The real problem is getting people into treatment and getting them to stay on treatment, but certainly I wouldn't hesitate to have children. Fifteen years from now, we are going to know a lot more about the illness than we do now. Any child born now wouldn't really be at risk for 15 or 16 years, and that is an awful lot of time to develop good, new medication.

Dr. SerVaas: I was fascinated by what you said in your book about men and women and how women who are frequently thought of as being more passive are more frequently diagnosed with depression.

Dr. Jamison: I've always been struck by the fact that the notion of depression is more congruent with what people think about women, and the impression that men are more tempestuous and impatient.

I also think a lot of women get misdiagnosed. That is a real concern of mine.

Dr. SerVaas: Misdiagnosed as depression when it's really manic-depression?

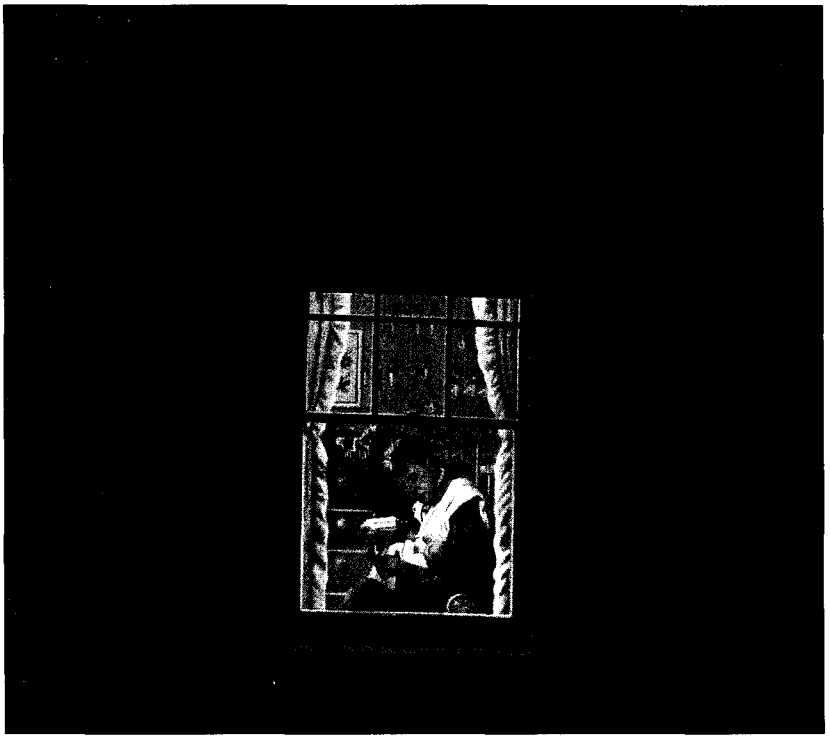
Dr. Jamison: Yes, or when they have very mild cases. When somebody gets as off-the-wall as I was, it's not hard to diagnose. It's the mild cases of mania where people get misdiagnosed.

Dr. SerVaas: Are you working on any other books at present?

Dr. Jamison: At the moment I have decided not to write. I am just trying to catch up on my correspondence and get my life in order a bit. I am sure I will write again, just because I like to write.

Dr. SerVaas: In your own case, you're so candid about your disease. I believe your books are going to be extremely helpful to patients. What do you see for your personal future? Do you think with the treatments now available that you pretty well have the demon licked?

Dr. Jamison: I am optimistic about my future. I think that anybody who has manic-depressive illness has to have a certain concern that it may recur. I am lucky that I respond well to medication and that I have good cause to think I will do OK by it, but I think it is like any recurrent illness. There is always in the back of your mind the possibility that you can get sick again. ❧



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The winner of the March/April 1996 contest will be announced in the July/August 1996 issue.

Our congratulations and a check for $100 go to Karilee Hayden of Ithaca, New York, for the winning entry in our Nov./Dec. 1995 caption contest.

"Deck the Halls," they both sang with delight
As they made their home festive and bright.
Then their songs, once so jolly
Amid tinsel and holly,
Faded off into "Silent Night. . ."

Genetics and Manic-Depression

continued from page 50

be increased speed of thought and movement together with agitation, or a person may be slowed down and not able to move or think very quickly. Either of those things can go along with depression. Usually, there is an impairment in memory and concentration, difficulty making decisions, thoughts of guilt or pessimism, a sense of hopelessness, and often thoughts of death and suicide.

Post: This is one end of the bipolar spectrum?

Dr. Nurnberger: Yes. The other end of the spectrum would be increased activity and talkativeness, racing thoughts, decreased need for sleep, and grandiosity, in which people think they have special powers or abilities. There is also impulsiveness; people might spend money or they might have sexual behavior that they wouldn't ordinarily have. There is also distractibility; they

continued on page 83

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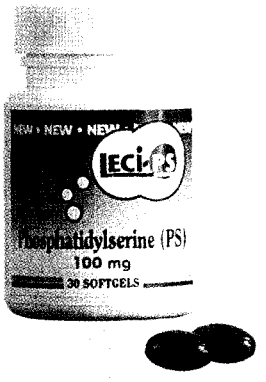

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Genetics and Manic-Depression

continued from page 80

aren't able to concentrate on things going on around them. Sometimes there are hallucinations or delusions where they become truly out of touch with reality. Usually when people have severe mania, they are effectively incapacitated, and they may need to be hospitalized. In any case, they are unable to do things that they would usually do. Sometimes people have milder high moods known as hypomanias, which have some of the same symptoms but are not quite so severe.

Post: What are the different forms the disorder can take?

Dr. Nurnberger: Usually depressions go along with the hypomanias, so that most people who have recurrent hypomanias will also have low periods. It's often the low periods that bring them in to treatment. Sometimes the high periods in people who have hypomania are not really impairing or incapacitating. A person may even function better than normal during those periods. Those by themselves may not be a problem, or they may become a problem to people around the affected person. The condition of having hypomania together with depression is called bipolar II. The condition of having mania together with depression we call bipolar I. There's also a designation we use for recurrent episodes of depression without mania, which we call unipolar disorder. You would have recurrent depressions, but without highs.

Post: At what age does bipolar disorder usually become evident?

Dr. Nurnberger: Typically the onset would be in the 20s, but increasingly we see evidence of onset of severe disorder in adolescence. I think we're becoming more aware that a lot of times these mood swings do start in adolescence and they may be misdiagnosed at first because it may look like a behavioral problem or a parent-child problem. It may first manifest as drug or alcohol abuse, and only later does it become clear that it's really manic-depressive illness. On the other hand, you can also have onset of depressions or manias later in life, even into your 70s.

Post: What different types of treatments are available for people who have this disorder?

Dr. Nurnberger: A variety of treatments are available these days for people with depression and mania. We think in terms of two types of medications for these conditions: one is the mood stabilizers, which are most useful for people with bipolar illness; the other is the antidepressants, which are useful for both bipolar illness and unipolar disorder. Among the mood stabilizers are lithium, which is the classic medication for bipolar illness, but also, more recently, carbamazepine (Tegretol) and valproate (Depakene) have been used. These medicines were developed as anticonvulsants but now are used for mood disorder as well.

Among the antidepressants, there are different classes. The tricyclics were first developed in the 1950s, and they include a lot of medications that are familiar to people who used antidepressants during the 1970s and '80s such as Tofranil, Elavil, Aventyl, Pamelor, Sinequan, Vivactil, and Norpramin. These are very effective medications, but they have certain side effects—people would complain of dry mouth, blurred vision, difficulty urinating, dizziness—so other medications were sought. The medications that were developed include the serotonin-specific, re-uptake inhibitors [SSRIs] such as Prozac, Zoloft, and Paxil; Serzone and Luvox are the most recent ones in this category. These medications are an improvement over the tricyclics in that they don't cause the side effects that I mentioned. The serotonin-specific, re-uptake inhibitors do sometimes cause side effects, such as nervousness initially or sexual dysfunction in some people, but generally they are much more easily tolerated. There are some medications that don't fall into either of those categories. One of them is Effexor, or venlafaxine, and another is Wellbutrin. Each has its role in the treatment of depression now. There are also the MAO inhibitors, which have been available since the 1950s. They aren't used as much as they used to be because one has to follow a special diet and avoid interactions with other medications when they are used. But they still do have their place in the treatment of certain, specific kinds of depression.

Post: What is serotonin?

Dr. Nurnberger: It's a neurotransmitter, or messenger chemical, in the brain.

Post: Is serotonin the chemical responsible for causing the mood swings?

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Dr. Nurnberger: We don't know that for sure. But there is a lot of suggestive evidence that it's involved, yes.

Post: So these medications affect that particular messenger, whereas the tricyclics affect something else.

Dr. Nurnberger: Actually, almost all the effective antidepressants affect the serotonin system, but some affect other neurochemical systems as well. The tricyclics also affect norepinephrine, the histamine systems, and the cholinergic systems. Part of the reason for the side effects of tricyclics was the fact that they affect these other systems. So the thoughts of people developing new medications in the past ten years have been to try to get more specific medications that affect only serotonin, or only specific serotonin receptors, or only norepinephrine.

Post: How can you determine which drugs will work best in specific individuals?

Dr. Nurnberger: It can be difficult to know where to start sometimes. In terms of efficacy, there's little evidence that one medication is better than another medication. What you try to look at is the side-effect profile. You look at the history of that particular patient, as to whether they've responded to something in the past. Sometimes you look at family history, whether people in their family have responded to anything in particular. A lot of times you try one or more to see which is best tolerated.

Post: It has been said that many famous people in history have had bipolar disease. These are some of the most creative people. Is it true some people don't want to address this problem because they like those highs that come with mania?

Dr. Nurnberger: Absolutely, although not so much with the mania, but with the hypomania.

Post: Is treatment always called for in people with hypomania?

Dr. Nurnberger: No. And there are people who may not wish to be treated who really do have these mood swings. But when it starts to interfere with the person's functioning, then we tend to look at it as something that really deserves to be treated. Usually people come to us because they are having trouble, or other people are having trouble with how they are acting. Sometimes the manias become evident because somebody brings the person to the hospital, because the person himself may not realize what's happening at that point.

Post: If you were to take a medication that affects serotonin, such as Prozac, would that take away that person's creativity?

Dr. Nurnberger: I've never heard that Prozac does that. Now, lithium perhaps might in some cases, because lithium does tend to reduce the highs and to stabilize the mood. What people are often looking for is to reduce the lows but not the highs, which is rather difficult to achieve actually in a stable way. So, sometimes people on lithium may find that their thoughts may not come as quickly at various times as they may have previously. But if you look at productivity, even among creative people who are writing or painting or composing, they typically do better with treatment than without.

Post: Like Vincent Van Gogh?

Dr. Nurnberger: It's very difficult to make diagnoses, and you wouldn't want to really make diagnoses on the basis of secondhand descriptions or books, but, from what we know about Van Gogh's life, it wouldn't be surprising if he did, in fact, have bipolar illness. From what we know about Lincoln, he had recurrent episodes of depression. Hemingway had recurrent episodes of depression, and perhaps high episodes as well. Winston Churchill probably did. Kay Jamison summarizes a lot of this in her book, *Touched With Fire,* going into a lot more about very creative people who had these episodes.

Post: In her latest book, *An Unquiet Mind,* Dr. Jamison comes out of the closet, so to speak, bringing this disorder out into the open. Why has there been such a stigma attached to bipolar disorder? And why is it that people don't want to acknowledge or address this problem?

Dr. Nurnberger: I think it's because it used to be thought that this was a personality weakness of some kind. People who had mood swings just weren't able to exercise control over their own thoughts, feelings, or actions; somehow it's their fault, and because of this, they might have other deficiencies of personality. They might be people who couldn't be trusted. I think it is a misapprehension we are dealing with. Now we recognize that bipolar disorder is a medical disorder. It's similar to diabetes or hypertension or to thyroid disease: it results from chemical abnormalities. It can be treated with medication. People who have this illness are just like

continued on page 88

The Perfect Squelch

In all the years that Pete had been selling groceries to Mrs. MacGrump, he never completed a sale without having to answer at least one fussy question. Selling her a dozen eggs was always a trying experience, for Mrs. MacGrump would insist on holding each one up to the light and turning it over and over. Then she would demand, "Are you *sure* they are fresh?"

Pete put up with this performance patiently because Mrs. MacGrump usually shopped when there were few or no other customers present and he could devote himself to stilling her suspicions. One day, however, she arrived when the store was crowded and delayed all the other customers. Pete tried in vain to hurry her along.

"Are you *sure* these eggs are fresh?" she finally challenged.

"Sh-h-h," he whispered, loud enough for the other customers to hear. "The hen doesn't know that I have them."

—Cyrus B. Dingman

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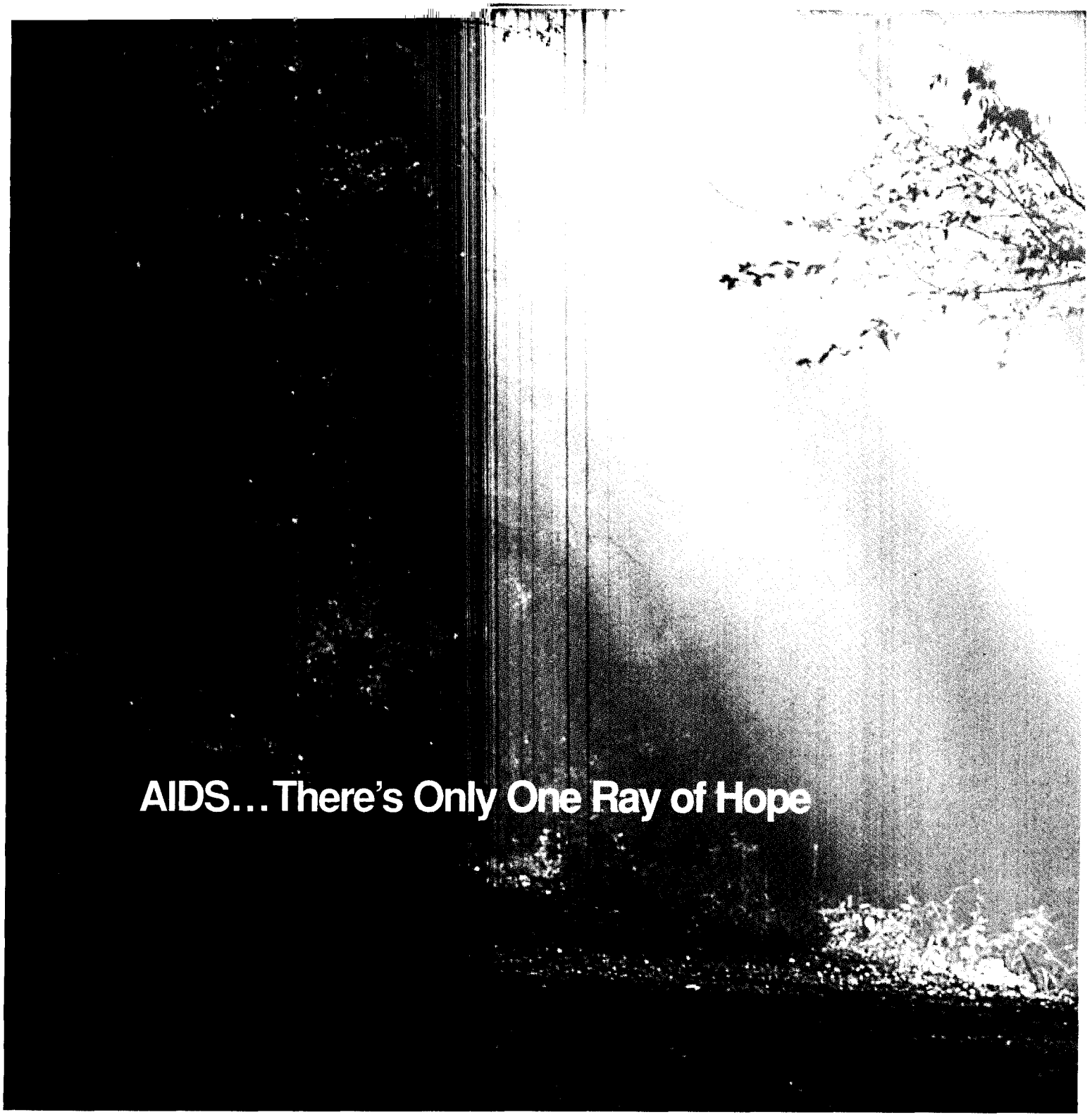

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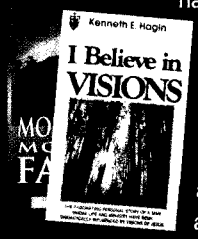

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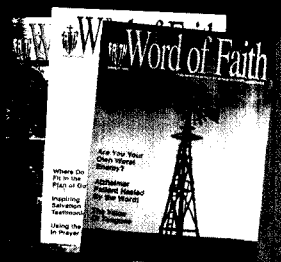

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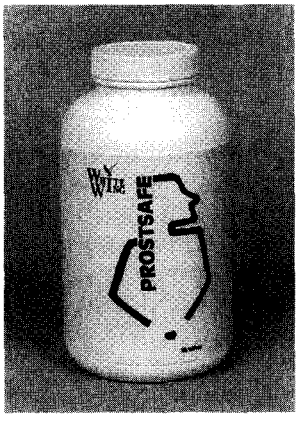
Recent scientific research has shown how to remedy the underlying problems associated with prostate disorders--safely and effectively. These results have been published in the *British Journal of Clinical Pharmacology,* the *American Journal of Gerontology,* and papers from *the National Cancer Institute.* They reveal that several vitamins, minerals and natural herbs can dramatically shrink the prostate and improve urinary performance in older men.



The most modern application of these healthy ingredients is found in **Prostsafe™** from Whitewing Labs. **Prostsafe** is the nutritional "tool kit" for men with benign prostate problems, and those who wish to prevent them. It is a mixture of zinc, serenoa serrulata, ginseng, certain amino acids, bee pollen and vitamins A, B-6 and E. Working as a team, these ingredients have been shown to shrink a swollen prostate.

Our customers have said Prostsafe™ helps to:

Halt the endless trips to the bathroom during the night!

Stop that burning sensation during or after urination!

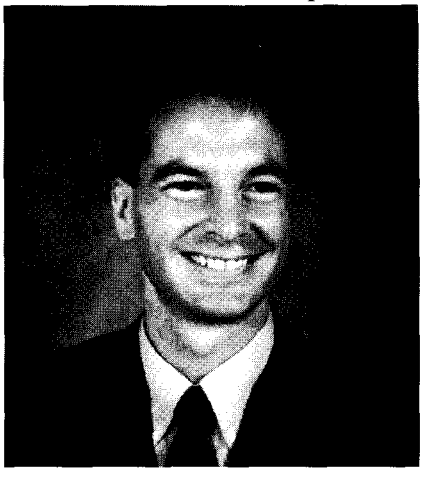
Prevent uncontrollable wetting!

Improve bladder control!

Empty bladder completely!

Sit through an entire sports event !

Eliminate burning feeling!



Dr. Leslie Atterbury III, M.D., says "Prostsafe supplies essential vitamins, minerals and herbs needed to nourish and maintain a healthy prostate."

For as little as a dollar a day, that seems like inexpensive insurance against prostate disorders. If for some reason you are not satisfied, just return the unused portion within 30 days for a full refund.

The reasons why men over 40 use **Prostsafe** are clear. If you are looking for relief, order **Prostsafe** today.

"I can now pass a bathroom without stopping. Sometimes I pass two or three!"
-- Mr. L. Johnston
Indian Wells, CA

"Before I used to have several bladder infections a year. Now I do not have any."
-- Mr. A. Simon
Charlotte, MI

"I have less aches and stiffness"
-- Mr. K. Osmom
St. Francisville, IL

"Now I get a good night's sleep without getting up every two hours to urinate."
-- Mr. C. Hussy
Cleburne, TX

"Prostsafe has stopped the burning after urination."
-- Mr. C.E. Black
Barboursville, WV

"...my urinary flow has improved greatly. I no longer have to force..."
-- Mr. P. G. Sadler
Ocean, NJ

Whitewing Labs, Dept 1226
17939 Chatsworth St., Suite 408, Granada Hills, CA 91344

☐ PS1 1 month supply of Prostsafe only **$34.95** plus $4.50 S&H
☐ PS2 2 month supply only **$59.95** (Save $9.95) plus $4.50 S&H
☐ PS6 6 month supply only **$119.95** (Save $89.75) plus $4.50 S&H
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everybody else when the mood disorder is controlled.

Post: The U.S. vice-presidential candidate Thomas Eagleton had to withdraw back in 1972 because he had been treated for depression. Do you think we should be so concerned if a vice-presidential or presidential candidate has this type of disorder?

Dr. Nurnberger: We have had presidents who have had serious illnesses. John Kennedy had Addison's disease, and he took medications for that. Franklin Roosevelt, of course, was disabled for a good part of his presidency. I think you have to look at it in a medical context and consider the illness that's involved, as well as the particular course of the illness in that person. You also have to consider how efficacious the treatment has been. Certainly health is an issue when you consider a presidential candidate or someone else with a very responsible job. But I don't see why it should rule out a person from consideration. There was a candidate in Florida in the past couple of years who had a similar experience, and apparently the information came out from his opponent's camp that he had, in fact, had depression and had been treated with Prozac. This was used as a way of trying to get him out of the race. And, in fact, he came out and described his experience and said, yes, this happened, and the treatment worked, and it's under control. And he went on to win.

Post: Maybe we're seeing a trend now that manic-depression is more understood and that people won't be stigmatized for having the disorder.

Dr. Nurnberger: I'm hoping that's the case.

Post: We have heard that manic-depression becomes more severe or has an earlier onset as it is passed down within a family—say, from grandparents to grandchildren. Has there been research into this phenomenon?

Dr. Nurnberger: Yes, there is research from Johns Hopkins where they found in several family studies that there appears to be what we call "anticipation." That is, the disorder is more severe in younger generations, or comes on earlier in the younger generation. The cause of this is not entirely clear, but in some illnesses with the pattern like this, it has to do with an expansion of the gene, where actual elements in the gene expand from one generation to the next and the increased size causes the gene to function less well. When the size gets large enough, the gene effectively does not function at all. This is true in some forms of mental retardation. It's true of Huntington's disease, and now this is a subject of active research in bipolar affective disorder and also in schizophrenia.

Post: Would this always continue into the next generation as well?

Dr. Nurnberger: Not always. In fact, there is evidence now that this can reverse itself.

Post: Through the generations?

Dr. Nurnberger: Yes.

Post: You said animals have been used in studying mood disorders. Is it possible to know if an animal is depressed?

Dr. Nurnberger: It is not possible to really reproduce the human syndrome in animals in any way that we can be clear about, but we can identify parts of the human experience of depression and the human symptoms of depression and look for those kinds of changes in animals.

One way we do this is by looking at the decreased activities in animals after a stressful situation. For instance, we have done studies in which rats or mice are restrained in a plastic tube, and this can produce a state in which the animal does not move around as much afterwards, even though it's perfectly able to move around. It hasn't been harmed in any way, but it is less mobile afterwards. This may last for a few days and is prevented if you give the animal antidepressants beforehand.

We've also studied another model in which we look at the motor activity of animals throughout the day and night. We look at whether light disrupts their pattern of motor activity. Light will disrupt the pattern of motor activity in some strains of mice much more easily than in others, and it's in those strains of mice that we also find the decreased activity after restraint. So we are looking at both of these models. One may be more a model of unipolar illness; the other may be more a model of bipolar illness. It is the second model, where we're looking at the day-and-night rhythm of motor activity, that we find is very subject to treatment with lithium.

Post: In bipolar disorder, we have heard about patients who could get rid of depression by not sleeping for long periods. Can exercise and sleeping habits have an effect on this disorder?

Dr. Nurnberger: Sometimes. We usually recommend that people with mood disorder try to maintain a regular rhythm of daily activity with eight hours of sleep and with regular meals and exercise

continued on page 95

You Be the Judge

by José Schorr

The Weatherbees complained to their landlord that they were always soaked because the tenant in the apartment above never drew his shower curtains. The landlord collected damages from the tenant. He did not, however, halt the careless showering or reimburse the Weatherbees for their damages. So they sued him on both counts.

"We're paying for a roof, not sieve, over our heads," they complained. "Our landlord should reimburse us for the damage already done to our place, and also because he failed to stop it sooner."

"The apartment services do not include refereeing disagreements between tenants, and that's when this amounts to," the landlord replied. "I didn't turn on the shower, and I'm not responsible for turning it off."

If you were the judge, would you make the landlord pay?

The landlord did not have to pay. The court said he was not obligated to "prevent his tenants from annoying each other or from trespassing upon each other's rights." Tenants in those circumstances, it added, should sue the other tenant.

Based upon a 1951 New York decision.

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"Go and do likewise."

Jesus once told the story of a Samaritan who stopped and helped a stranger who had been robbed and left for dead. "Go and do likewise," Jesus said. For twenty-five years, Samaritan's Purse has been answering Christ's call by meeting the physical and spiritual needs of people battered by life's circumstances. We work in some of the most desperate places on earth—places like Nicaragua, where this young boy and thousands of others struggle to survive. Help us extend the hand of Christ and the message of His love to hurting people around the world.

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❒ Send me more information about the ministry of Samaritan's Purse.

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MEDICAL MAILBOX

by Cory SerVaas M.D.

"The glory of medicine is that it is constantly moving foreward, that there is always more to learn."—*William Mayo*

Lysine Research Update

Dear Dr. SerVaas:

In 1982 *The Saturday Evening Post* published two articles on the use of L-lysine for various herpes infections. Over the years I have recommended it to family, friends, and patients.

Has there been any other research done since 1982 that you may be aware of and can share?

Patricia Young, R.N., M.S.N.
Pitman, New Jersey

The SatEvePost Society is in the process of seeking FDA authorization for our study to determine the efficacy of lysine in preventing outbreaks of the herpes simplex virus type 1, commonly referred to as "fever blisters" or "cold sores."

Joining us in our effort are Drs. Barry Marshall, president of the Helicobacter Foundation in Charlottesville, Virginia, and Christopher Kagan of Kaiser Permanente Medical Center in La Jolla, California. (Dr. Marshall, you may recall, discovered not only a cause but also a cure for peptic ulcers.)

Dr. Barry Marshall received the 1995 Albert Lasker Clinical Medical Research Award from Dr. Michael E. DeBakey. "Rarely do the discoveries of a single individual change the lives of countless millions within the span of a decade," the citation reads. "The revolutionary research of Barry J. Marshall into the causes and treatment of peptic ulcer disease has accomplished just that, and in so doing he has dispelled the darkness surrounding a painful chronic disease, and lighted the pathway to a cure."

Monitoring and Data Collection

Dr. Marshall's ingenuity will again come into play in the form of an innovative computer program he designed. The program (a form of voice mail) will track the progress of all participants in the research project once the program is up and running. The computer will call the participants on a regular basis and present a series of questions (maximum of ten taking only two minutes) about incidents of herpes outbreaks—or the absence of outbreaks.

The program will be personalized (even knowing the subjects' names) to call once a week at a time most convenient for each participant. It can even call back if the subject is not at home, or if the subject is not ready to take the call, he or she can press a key and the computer will call back in half an hour.

"We will have an 800 number so that when participants are away from home and need to report or answer a questionnaire, they can call toll-free," Dr. Marshall assures us. "We could even have a setup to allow participants to access information on a 'fax-back' machine. The caller would merely follow the prompts, choose the appropriate option, and wait for the computer to find the information requested and fax it back to the caller."

All this calling back and forth has an important purpose—meticulous monitoring of the major components of the study: the consistency of lysine intake, frequency and length of outbreaks, efficacy of treatment, daily food intake, stress level, sun exposure, and other circumstances commonly related to outbreaks of herpes simplex virus type 1, such as intake of foods high in arginine (nuts, whole-grain cereals, chocolate, seeds, and gelatin), which blocks lysine's ability to inhibit herpesviruses.

We will verify the herpes simplex infection or aphthous cold sores by a physician's written diagnosis or by confirming laboratory test when available. We will track the severity and progress of the outbreak through the four recognized stages: starting stage (tingling, numbness), blister stage, scab stage, and resolution of the outbreak.

Participants will be kept motivated by periodic letters keeping track of the numbers and data and providing bits of humor and wisdom.

The *Post* is sponsoring this research project because we are convinced of the value of lysine in the prevention and cure of herpes blisters. And an FDA stamp of approval would lead to widespread use of lysine for medical purposes.

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More Than 2,200 Readers Answered Questionnaire

Apparently, many of our readers are as sold on the value of lysine as we are. Of the more than 2,200 readers who responded to our call for participants, more than 70 expressed their appreciation for the study, but opted out of the participant role: They all used lysine for herpes control and were unwilling to give it up.

The respondents' comments reveal their conviction that lysine is a necessity in their lives.

For example, Mrs. Barbara Pratico of Burlington, New Jersey, says: "I cannot take a placebo because I do not want to deliberately let myself in for an outbreak of herpes blisters. I already know lysine works!"

Mary F. Verville, Hancock, Michigan, says: "I would not care to be off lysine at all, not even for one day," she explains. "It has worked for me."

Katherine Nauman, Harrisonburg, Virginia, says: "As a firm believer of lysine, I refuse to omit it. I have learned it does not pay. My doctor told me the amount to take."

The late Dr. Richard Griffith, a longtime lysine researcher, recommended 500 mg of lysine per 10 kg (1 kg = 2.2 lbs.) of body weight daily to treat outbreaks.

The respondents reported daily lysine consumption of anywhere from 350 to 4,000 mg every day for maintenance and from 3,000 to 6,000 mg during a fever blister outbreak.

We hope this study will bring to thousands of other herpes simplex sufferers the relief many have found. The following *Post* issues contain articles about lysine: Nov./Dec. '95, Sept. '90, March '85, Jan. '85, April '84, and Dec. '83.

Light for the Weather Blues

Dear Dr. SerVaas:

I have had depression and am now taking Prozac. I still have some problem with SAD (seasonal affective disorder). In some recent reading, I find a reference to using bright artificial light on a regular basis. What can you tell me of the effectiveness of this treatment, and where can it be obtained?

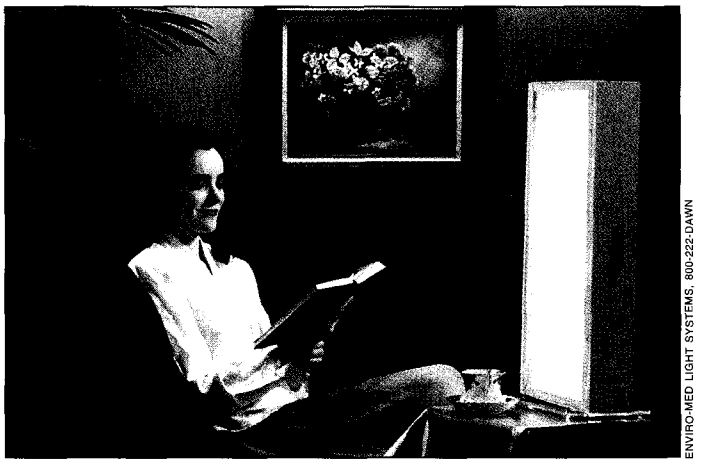
Robert L. Davis
Mt. Vernon, Iowa

We took your question to Dr. John I. Nurnberger, Jr., of the Institute of Psychiatric Research at Indiana University Medical Center. He responds:

"Light treatment, also called phototherapy, for seasonal affective disorder (SAD) does seem to be helpful in some cases, although it has not undergone the same scrutiny as medications approved by the FDA. Some insurance companies are reimbursing the cost of phototherapy.

"Bright room light may be used for two hours in the morning. This amount of light can be produced by an arrangement of six four-foot fluorescent bulbs in an aluminum fixture with a diffuser screen. The bulbs and fixture cost under $200 at a hardware store, although you can get fancier setups. Smaller, more intense phototherapy units are also available that are designed for one-half to one hour use.

"A standard eye exam is recommended before starting this therapy, which involves sitting in front of the light unit while reading, writing, or watching television (not staring at the fixture) from a prescribed distance. Ongoing medical supervision is also recommended. Response is often seen within three days to a week. Sessions are usually discontinued in the spring.



Therapeutic light boxes are 10 to 40 times brighter than ordinary room light and alleviate seasonal affective disorder symptoms in some people. Broad-spectrum bulbs in the unit pictured do not emit damaging UV rays.

"Mr. Davis might contact the department of psychiatry at the University of Iowa in Iowa City or Rush Presbyterian Medical Center in Chicago for additional information or possible referral."

Seasonal affective disorder is often referred to as winter depression. In some people, the lack of bright light results in decreased activity, sadness, anxiety, overeating, and oversleeping.

Most commonly triggered by short, dark winter days, SAD symptoms can also be due to dim indoor light or changing shift-work schedules. Artificial light therapy seeks to alleviate symptoms.

The following light-box companies have submitted their products for evaluation and testing under the guidelines of the Circadian Lighting Association, an association of lighting manufacturers formed to foster responsible advertising

"You'd better find your glasses, Granddad. I need that casserole to make lunch."

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policies, safe products, and standardized light ratings:

Enviro-Med, 1600 SE 141st Avenue, Vancouver, WA 98684, 1-800-222-DAWN (3296);

Apollo Light Systems, 352 West 1060 South, Orem, UT 84058, 1-800-545-9667.

New Hope for Asthma Sufferers

Dear Dr. SerVaas:

Please send me any information you have on the drug zileuton for asthma. I read someplace that it was much better than steroid treatment. My husband has a real problem with asthma, and our doctor would like to know more about it.

Mary Randall
Douglas, Wyoming

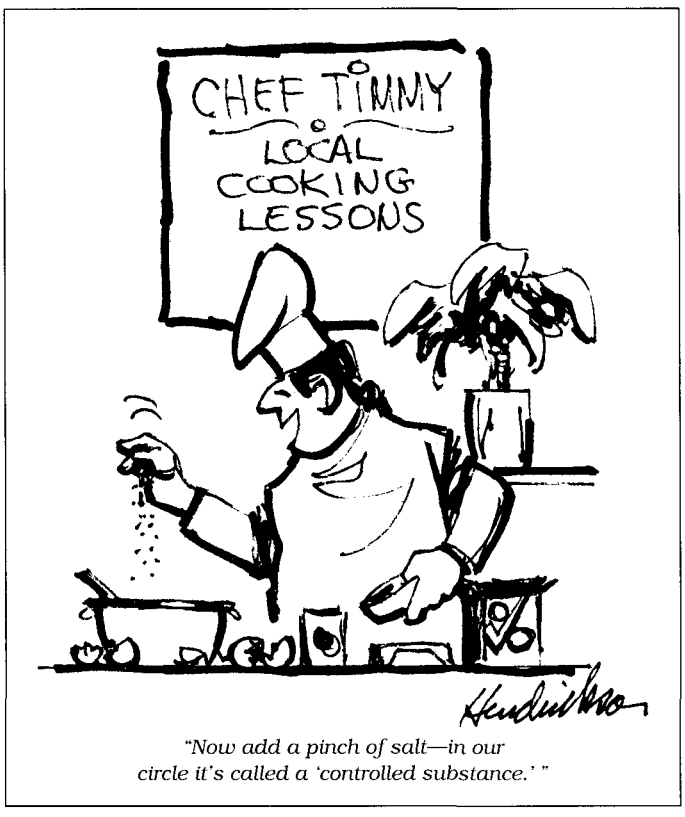
As of this printing, zileuton is awaiting final FDA approval for the treatment of chronic asthma. Discovered and developed by Abbott Laboratories, zileuton is the first in a new class of compounds that block the formation of leukotrienes, naturally occurring substances in the body that are powerful mediators of airway inflammation and have a direct effect on bronchoconstriction.

Until now, an asthma "medicine plan" included bronchodilators to relieve symptoms and anti-inflammatory medicines to reverse and prevent the swelling that causes asthma symptoms.

"The need for asthma medications that interrupt and reverse the process of asthma at its origin has long been the dream of all people with asthma. Therefore, we welcome the advent of zileuton, the first in a new generation of therapeutic products aimed at this purpose," says Nancy Sander, president of the Allergy and Asthma Network-Mothers of Asthmatics.

In clinical trials involving approximately 1,000 patients, the experimental medication improved daytime and nighttime asthma symptoms. In addition, the need for other asthma medications decreased. Although the drug is generally well tolerated, indigestion, abdominal pain, dizziness, and insomnia occurred more often among patients treated with zileuton than with placebo. Elevated liver enzyme levels, experienced by a small number of individuals, returned to the normal range upon discontinuation of treatment.

The FDA requested that Abbott study asthma in different patient populations and provide package labeling information about reported side effects. After final FDA approval, zileuton will be marketed as Leutrol®.



"Now add a pinch of salt—in our circle it's called a 'controlled substance.' "

Troublesome Skin Problem

Dear Dr. SerVaas:

A peculiar thing is happening to me, and neither my doctor nor I can explain it. Five or six times daily I get a feeling, high up on my back about seven inches below my left shoulder, as if worms were crawling around under the skin—or even down in the flesh. I am an 81-year-old woman, physically active, with no problems other than the one mentioned above.

Perhaps some of your "Medical Mailbox" readers have had this same problem and can tell me what they know about its cause.

Courtney C. Lockridge
Tucson, Arizona

Dr. C. William Hanke is a dermatologist on the *Post*'s advisory board. His comments follow:

"Many individuals complain of dry, itchy skin as they move into the sixth and seventh decades of life. The skin tends to dry out easily, especially following bathing with hot water and irritating soaps. Lowering the water temperature and using mild soaps may improve the situation. Moisturizing lotions, applied immediately after bathing, 'traps' moisture in the skin. This will minimize the itching that results from dry skin.

"If this regimen is not helpful, a good dermatologist should be consulted."

Years ago, Dr. Hanke advised us to use Dove soap to avoid skin problems. We found it to be effective and have used it ever since.

Early Male Pattern Baldness

Dear Dr. SerVaas:

My husband is almost completely bald at age 43. Does this mean our sons will bald early? Would using Rogaine help my husband?

Judith Knox
Memphis, Tennessee

By coincidence, your letter came just as I was attending a seminar at which Dr. John Nurnberger was lecturing. Dr. Nurnberger is a young man. His father was chairman of the department of psychiatry almost 40 years ago. Out-of-town participants at the seminar, upon seeing his name on the program, were remarking, "My goodness, John Nurnberger is on the program! He must be pretty old by now."

Whereupon John Nurnberger explained, "My father is still in the department, but he is the one with all the hair. I am the one who is bald."

Then, because he is a geneticist, he enlightened us about his kind of male pattern baldness. "It is inherited from the mother's side of the family . . . not the father's. If you want

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to know whether you're likely to bald early, look at your mother's brothers."

If your brothers are bald, your sons may also have inherited the genes for this common male pattern baldness. We felt safe in telling you to look at your own brothers to see if your sons may bald early.

But then another researcher told us that the inheritance for baldness known as androgenetic alopecia hasn't yet been fully worked out . . . that it appears to be a trait with variable penetrance and that it could be passed from the father as well.

We still advise you to look at your brother's hairlines. We would be interested to hear our readers' observations of how balding runs in their families.

Dr. David A. Whiting, medical director of the Baylor Hair Research and Treatment Center in Dallas, Texas, responded to your question about whether Rogaine would help your husband: "Treatment of common baldness is of great interest to many people, but so far has met with varying success.

"There are four main methods of handling a case of androgenetic alopecia. The first is to do nothing and wait to see how it progresses. Sometimes it never gets that bad, and treatment may not be required.

"However, medical treatment may be appropriate if the condition progresses and it is obvious that baldness is going to ensue, particularly if there is a family history of it.

"At present the only FDA-approved medical treatment for baldness is topical, two-percent minoxidil, known as Rogaine. It works by directly stimulating hair to revert to a growing phase and to remain in that growth phase for longer periods of time. Topical minoxidil needs to be applied twice daily for at least a year before deciding whether it is going to be successful.

"In general, Rogaine will grow visible hair in about one third of cases, grow fuzz in about another third, and grow nothing in the remaining one third. It works much better as a preventive than a restorative, and its chances of halting the balding process are somewhere between 80 and 90 percent. For this reason, there is a lot to be said for using topical Rogaine early on in the evolution of male pattern alopecia and continuously from then on. Unfortunately, topical Rogaine is less likely to help older patients with severe, longstanding hair loss.

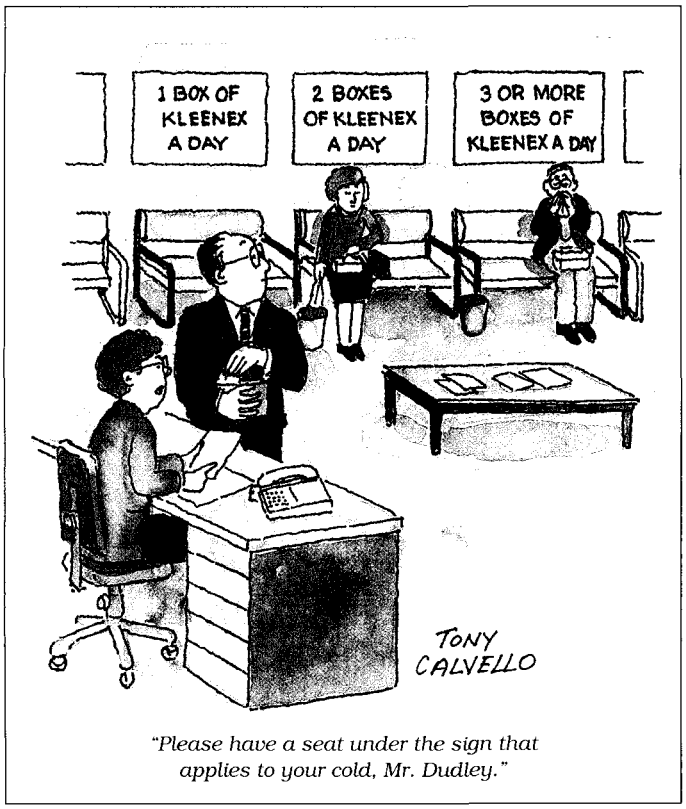
"If a patient is not helped by medical therapy, the third option is surgical treatment. Hair-transplant surgery has improved considerably with the advent of micrografts and minigrafts. Scalp reductions, a permanent form of hair restoration, are sometimes useful as well, and the results can be very good.

"If all fails, the possibility of a hairpiece remains as the fourth option. Expensive, but excellent, hair pieces are available.

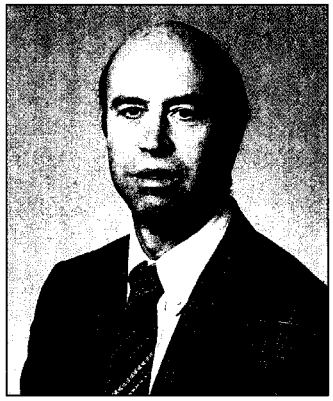
"A great deal of research is going on to improve the medical treatment of alopecia. One approach is to find a drug that acts as an antiandrogen and therefore removes one of the influences that is so important to the development of common baldness. In males, antiandrogen therapy has not been a reasonable possibility.

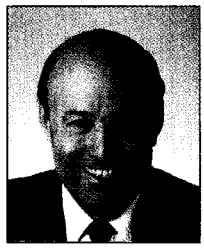
"In the past, these drugs suppressed not only the androgen that affects hair follicles, namely dihydrotestosterone, but also plain testosterone, which is responsible for sexual potency, libido, and sperm production.

"Newer drugs, however, that only inhibit dihydrotestosterone production are now available. One such drug has shown promise in a preliminary trial, and final study results are eagerly awaited. Topical antiandrogens are also under research and development." ▲



"Please have a seat under the sign that applies to your cold, Mr. Dudley."





The most common cause of hair loss is male pattern baldness—a hereditary pattern of receding hairline, followed by a thinned or bald spot on the crown. While psychiatrist John Nurnberger (above left) suffers from the same condition as broadcasters Harry Smith, Joe Garagiola, and Willard Scott, his father has a full head of hair. He told us males can thank their mother's ancestors for the genetic tendency to male pattern baldness.

We pictured here a few of our favorite handsome young balding men. If you know that their maternal uncles also had bald pates at an early age, you will be gathering evidence to support Dr. Nurnberger's contribution to this column.

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– Kathie Lee Gifford

Co-host of *"Live with Regis and Kathie Lee"*

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☐ **$100** *to help feed, clothe and minister to 10 children for 6 months.*

☐ **$**_____ *to help feed, clothe and minister to as many children as possible.*

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(Advertisement)

Amish Folk Medicines Beat Many Prescription Drugs

If you are concerned about prescription drugs and their side effects...not to mention their spiraling cost...Look at the Amish. They are robust and healthy. Yet they rely on simple, drug-free home remedies and folk medicine for their everyday health problems.

Their philosophy is "What's old is of the good." They claim their folk medicines, handed down from generation to generation, still work today for everything from colds to *kee-gretz* (foot fungus).

An encyclopedia of their natural health secrets, called *The Wisdom of Amish Folk Medicine* is now available to the general public. It has hundreds of proven home remedies using simple items you have around your home – like vinegar, salt, soda, onions – even olive oil. You'll be amazed at the ordinary spices and herbs the Amish use for their health qualities.

This extraordinary health guide was inspired by a collection of little-known folk medicines gathered by the home remedy editor of a magazine published for the Amish.

Speaking of these health secrets, she says, *"A doctor was usually called as a last resort, after everything else failed, and this wasn't often."*

Step back to simpler times with the Amish natural folk medicine secrets for common health problems like these:

- **Backache?** This home-made liniment has been used for years to relieve aches and pains.
- **Poor memory?** The Amish trust this common seed to sharpen the memory.
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Genetics and Manic-Depression

continued from page 88

in the normal way that would be recommended for other health reasons. Some people do seem to be able to come out of a depression by depriving themselves of sleep, although, typically, this is not a long-lasting treatment. It may reverse itself after a day or so, unfortunately. Sleep is an important trigger for these mood states. Very often a mania will be brought on, or will come on, after a person has a night or two or three without any sleep at all. Sometimes, the depression comes on when a patient begins to oversleep. Now, this doesn't necessarily mean that sleeping too much or too little causes the mood shift; it may just be the first symptom that we see.

Post: How about the phenomenon of seasonal affective disorder brought on by lack of sunlight in winter?

Dr. Nurnberger: Some people have seasonal patterns of mood disorder, where they may have increased depression during the winter and they may feel fine or even hypomanic during the summer. Those people do seem to respond, at least in some cases, to increased light during the winter. The light is used to extend the period of daylight. Typically, you would use the light early in the morning or late at night. These kinds of remedies should be done under a doctor's supervision.

Post: But sunlight therapy isn't going to work in extreme cases, is it?

Dr. Nurnberger: Typically not.

Post: You mentioned earlier that onset of manic-depression is usually in the 20s. More and more we are hearing about young children having depression. Do you think this is because we are recognizing these problems earlier on, or are there environmental factors causing this?

Dr. Nurnberger: I think we are recognizing these things more and more. It used to be thought that depression and mania didn't appear until adulthood or young adulthood. Then it became clear that you could see it in adolescents. In recent years, it's become clear that you can see depression in young children down to the age of five or so, and you can probably see mania as well under the age of 12, although it's much less common.

Where Do You Think You Are?

(answers from page 78)

(Theme: Movie stars)

1. Colbert, OK
2. Bellamy, AL
3. Stewart, MN
4. Crosby, ND
5. Davis, SD
6. Garland, AR
7. Holbrook, AZ
8. Arbuckle, CA
9. Cooper, TX

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